

Tobacco Education Curriculum Guide

STATE DOCUMENTS COLLECTION

JAN 28 1991

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

PLEASE RETURN

RISK REDUCTION
SUBSTANCE USE AND ABUSE CURRICULUM GUIDE

Section III
TOBACCO EDUCATION

Compiled By
Helga Stimson

For
Gallatin County Health Department
Room 103, Courthouse
Bozeman, Montana 59715

Edward L. King, M.D., Health Officer
Jacquelyn Stonnell, R.N., Human Services Director

Funded From
The Maternal Child Health Services Block Grant
1984

PREFACE

The following in Section III of a three-part risk reduction curriculum guide on substance use and abuse. The entire curriculum guide includes a section on alcohol, a section on other drugs, and a section on tobacco. Prevention through education is the primary concern.

The major emphasis in developing this curriculum guide is to provide teachers with "hands-on" activities to be used in the classroom. Although the guide is designed to be grade specific, it should be noted that in many schools tobacco education may not be offered as frequently as every two years. Therefore, teachers are encouraged to pick and choose activities throughout the guide based on what previous education the students have had.

TABLE OF CONTENTS

	PAGE
I. Introduction	
A. Establishing the Need	1
B. The Goal.	2
II. Classroom Activities	
A. Grades K-2	
1. Tobacco Education	3
2. Decision & Values	15
3. Self-Concept.	22
B. Grades 3-4	
1. Tobacco Education	28
2. Decisions & Values.	47
3. Self-Concept.	55
C. Grades 5-6	
1. Tobacco Education	68
2. Decisions & Values.	86
3. Self-Concept.	96
D. Grades 7-8	
1. Tobacco Education	107
2. Decisions & Values.	124
3. Self-Concept.	136
E. Grades 9-12	
1. Tobacco Education	143
2. Decisions & Values.	161
3. Self-Concept.	168
III. Incorporation of Activities Into Total Curriculum . . .	178
IV. Alternatives to Tobacco Use	179
V. Information for Parents	181
VI. Recommended Films	187
VII. Recommended Resources	189
VIII. Bibliography.	190

TOBACCO EDUCATION
Establishing the Need

Although the number of adult smokers has decreased significantly, the number of teenagers who smoke has increased. Because of this, researchers are emphasizing the need to educate students at an early age as a means of prevention.

At the elementary level, parental modeling was reported as being the factor having the greatest influence on children's attitudes toward smoking. According to one study, 60% of the children who were exposed to tobacco products at home said they would probably smoke when they were older, while 90% of those not exposed to tobacco at home said they would not smoke (Shute, p. 351). This suggests the importance of providing parents with information about tobacco, when a tobacco unit is being given at school.

As students reach pre-adolescent age, parental influence becomes less of a factor in developing attitudes toward tobacco use. One study indicated that health and social concerns are major factors up through 7th grade. As the age increases, health becomes less important and social concerns become very important. By 11th grade, social concerns are the major factors influencing the student's decisions about tobacco use (Duryea, p. 5-6). The implication is that less emphasis should be placed on knowledge and more emphasis should be placed on decision-making skills as the ages of the students increase.

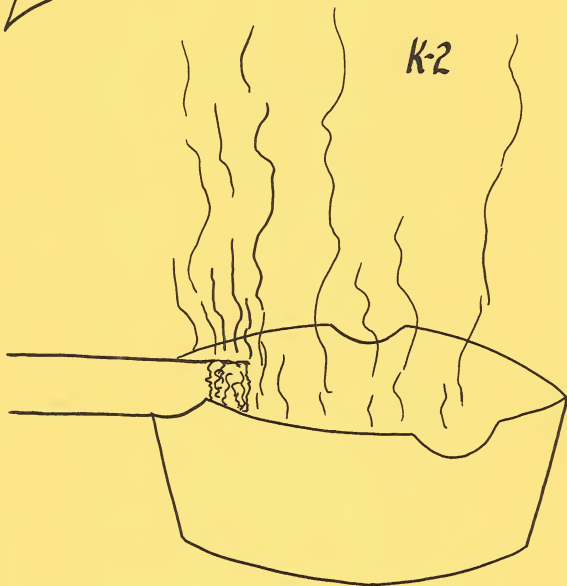
THE GOAL

The purpose of tobacco education is to help students learn how to function in our rapidly changing society without developing a dependence on the use of tobacco. The goals are to prevent tobacco use at an early age and to prevent health problems which may occur later in life as a result of tobacco use. Steps toward accomplishing these goals through tobacco education include the following.

1. Providing knowledge about tobacco at an early age.
2. Providing students with communication skills to enable them to function in our society without the use of tobacco.
3. Increasing decision-making skills, thus giving students a means of dealing effectively with peer pressure.
4. Developing healthy self-concepts.
5. Encouraging involvement in alternative "highs".

Tobacco Education

K-2



TOBACCO EDUCATION

K-2

Although tobacco education is most often taught at the junior and senior high levels, research indicates that this age is often too late. Because of parental modeling and mass media promoting tobacco use it is currently thought that early education about the harmful effects of tobacco smoke is crucial.

To set the stage for a tobacco education unit at the K-2 level, students first need to understand some preliminary concepts. Students need to understand what pollution is before they can understand that smoke is pollution. They also need to understand something about how the respiratory system works before they can learn how smoking harms the body. Following is a list of key concepts to teach students in a tobacco education unit at the K-2 grade level.

1. What is pollution?
2. Where can pollution be found?
3. What are the major parts of the respiratory system and where are they located.
4. What is oxygen and how does it relate to breathing?
5. How does tobacco smoke effect us and our environment?

The following activities are designed to be used with the film "Charlie Brown Clears the Air". The film is available through the American Lung Association located in Helena, Montana. The address is as follows:

825 Helena Avenue
Helena, MT 59601
(406) 442-6556

ACTIVITIES:

What is Pollution
Vocabulary
This is Pollution
The White Glove Test
In the Doghouse

Key Concept: Definition of what pollution is.

WHAT IS POLLUTION

The following activity should be completed before showing the film "Charlie Brown Clears the Air".

ACTIVITY

what is pollution



1. Some or all of your students may be familiar with the term. Ask for, or give, a definition of pollution. Following this, brainstorm with the class for sources of pollution. Use a large piece of newsprint so that the responses can be saved for future discussions. Remember that in brainstorming everything is written down without editing -- all ideas are acceptable. When finished, you can go back and refine your list. The important thing at this point is to involve your students in their impressions of pollutants and the causes. Your teaching can come later.

USED WITH PERMISSION: American Lung Association, Film Guide: Charlie Brown Clears the Air, (1740 Broadway, New York, NY, 1979), p. 2.

Key Concept: Vocabulary terms related to pollution.

POLLUTION VOCABULARY

The following activity should be completed before showing the film "Charlie Brown Clears the Air", to help students understand terms which may be used in the film.

ACTIVITY:

Vocabulary

2. Develop a working vocabulary. An impressive way to present new words is to write each word on a puffy, paper cloud. You can then ask your students to look up the definitions prior to your discussion of the terms. Pronunciation alone may be enough for kindergarten students, while first graders might identify the beginning sounds or letters.

Suggested Storyboard Words: Burning, trash, soot, dirt, grimy, pollute, litter, depressed, smog, garbage, aerial, harmful, emission, controls, breathe, offenses, discourage.

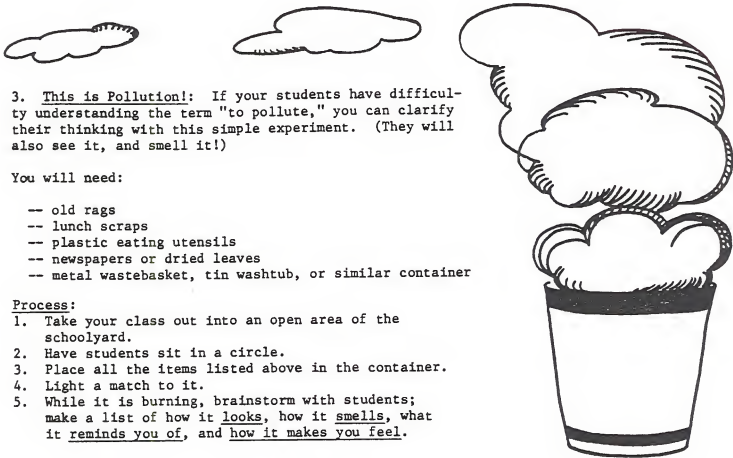
USED WITH PERMISSION: American Lung Association, Film Guide, Charlie Brown Clears the Air, (1740 Broadway, New York, NY, 1979), p. 2.

Key Concept: Illustration of what pollution is.

THIS IS POLLUTION

The following activity should be used before showing the film "Charlie Brown Clears the Air" to help clarify what pollution is.

ACTIVITY:



3. This is Pollution!: If your students have difficulty understanding the term "to pollute," you can clarify their thinking with this simple experiment. (They will also see it, and smell it!)

You will need:

- old rags
- lunch scraps
- plastic eating utensils
- newspapers or dried leaves
- metal wastebasket, tin washtub, or similar container

Process:

1. Take your class out into an open area of the schoolyard.
2. Have students sit in a circle.
3. Place all the items listed above in the container.
4. Light a match to it.
5. While it is burning, brainstorm with students; make a list of how it looks, how it smells, what it reminds you of, and how it makes you feel.

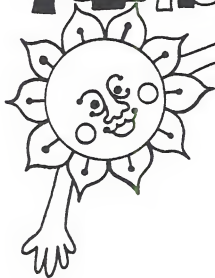
USED WITH PERMISSION: American Lung Association, Film Guide:
Charlie Brown Clears the Air, (1740 Broadway, New York, NY, 1979), p. 3.

Key Concept: Discussion of the film "Charlie Brown Clears the Air".

"CHARLIE BROWN CLEARS THE AIR"

After showing the film "Charlie Brown Clears the Air" hold a discussion using the following questions.

now they have experienced
POLLUTION!!! *discuss it...*



AFTER VIEWING FILM

The following topics and questions may help you in re-viewing the film with your students:

1. What was the big problem in the film?
2. Who was causing the problem?
3. Have you ever seen soot and grime on your house?
On other things?
4. What can be done with leaves instead of burning them?
5. Who do you think should have stopped polluting first, Charlie's neighbor or Snoopy?
6. How was Snoopy polluting the environment?
7. Is a good mechanic important? Why?
8. What stopped Charlie from winning his first game?
9. What made Linus fall?
10. Why couldn't Lucy see the ball?
11. Why do you think Linus said that it wasn't any fun?
12. Why was Charlie so depressed?
13. What advice did Lucy give? Do you think it was a good idea?
14. What action did Charlie take?
15. What are some of the ways we pollute our air?
16. What can be done about it?

USED WITH PERMISSION: American Lung Association, Film Guide: Charlie Brown Clears the Air, (1740 Broadway, New York, NY, 1979), p. 3.

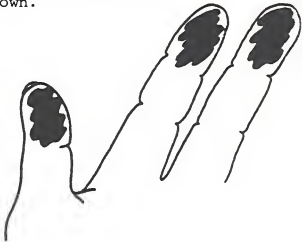
Key Concepts: Help students find pollution.
Encourage students to take a stand against pollution.

POST-FILM ACTIVITIES

The following activities should be used after the film "Charlie Brown Clears the Air" has been shown.

ACTIVITIES:

1. "White Glove Test": Students will need either several tissues, a paper towel, or just a finger. Tell them to make five to six "smudge tests" by rubbing a tissue or finger across the side of a window and then smearing that dirt on a sheet of white paper. Have them label each "test" to show where most grime is found. This can be done around the outside of the school or assigned as homework. Older students may visit sites around the community.
2. "In the Doghouse": Hand out a copy of the worksheet titled "In the Doghouse" to each student. Write a simple class story on the blackboard and have the students copy the story onto the worksheet.



USED WITH PERMISSION: American Lung Association, "In the Doghouse", Film Guide: Charlie Brown Clears the Air, (1740 Broadway, New York, NY, 1979), p. 6.

IN THE DOGHOUSE

FIDO

DIRECTIONS

Write a story on this page about someone you know that you think should be "in the doghouse" because of polluting our environment.



Key Concept: Awareness of what oxygen is and where oxygen comes from.

OXYGEN

The following activities will help students understand the importance of oxygen to the human body.

ACTIVITIES:

1. Hold a discussion on what oxygen is. Have the students take a deep breath and ask them what they are taking in. Ask them if they are taking in anything besides oxygen (Examples: smoke, dust). Ask where they think the oxygen goes to. Ask how long a person can go without food; without oxygen.
2. Light a candle. Illustrate how oxygen is needed for a candle to burn by placing a glass jar over the candle, causing the flame to go out. Talk about how our body also needs oxygen in order to stay alive.

Key Concept: Awareness of various parts of the respiratory system and where they are located.

THE RESPIRATORY SYSTEM

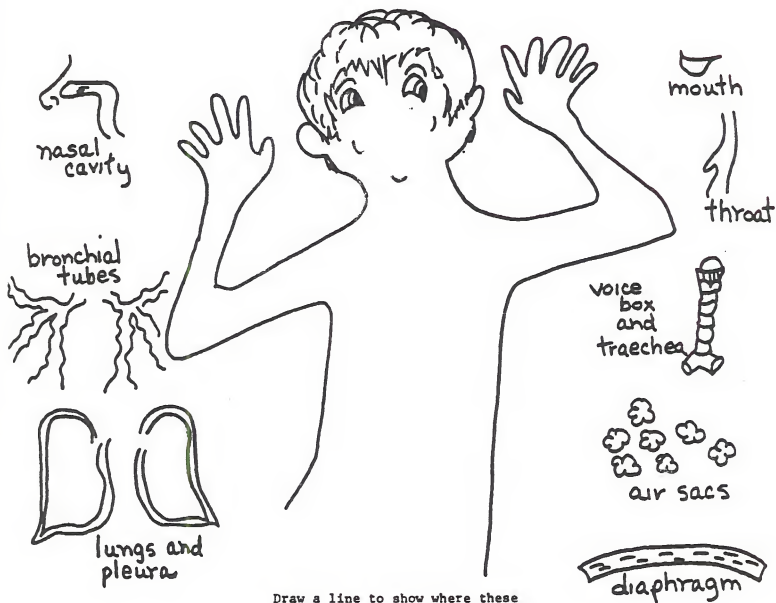
The following activity could be used as a test to determine how well the students have learned the parts of the respiratory system or as a way to reinforce what they have already learned.

ACTIVITY:

1. Hand out the worksheet titled "The Respiratory System". Instruct the students to draw lines to the appropriate location of the body parts or to draw them in the appropriate places. Have them color the pictures upon completion.

USED WITH PERMISSION: Osness, Donna & others; Sunflower Project: Respiratory Unit, (Shawnee Mission, Instructional Program Center; 6649 Lamar, Shawnee Mission, KS, n.d.), p. 15.

THE RESPIRATORY SYSTEM



Draw a line to show where these parts of the body belong.

Key Concept: Awareness of how cigarette smoking affects us and our environment.

THE SHOPPING BAG

ACTIVITY:

Bring to class a supermarket bag filled with the following empty containers: 1) an orange juice container, 2) toothpaste carton, 3) egg carton, 4) coffee can, and 5) cigarette pack.

Ask the class the following questions. "If someone in your family came home carrying a bag like this one, where do you think this person was? Is it easy or hard to shop in the supermarket? Why? What did this person buy?"

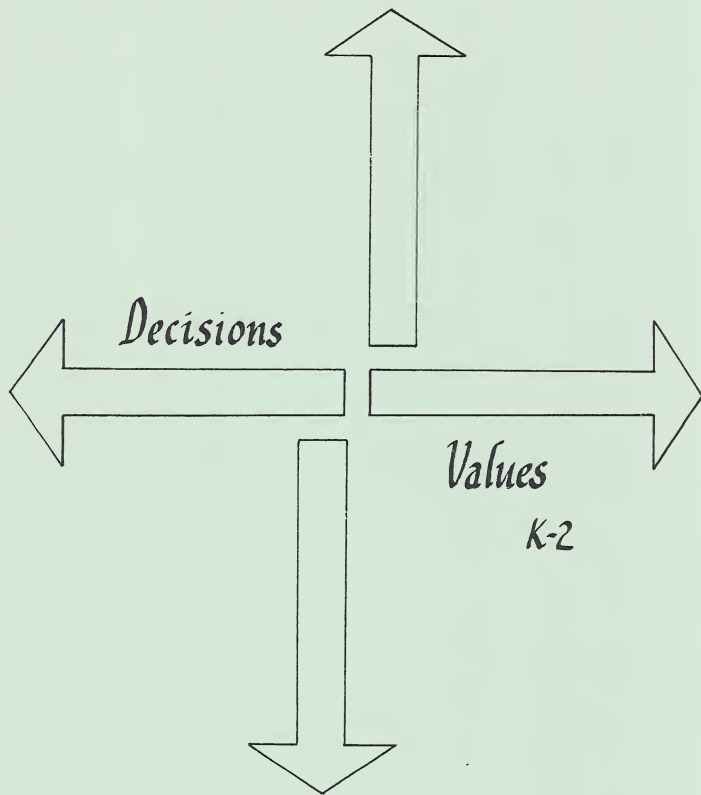
Take one item from the bag at a time, in the order listed. Ask the children to identify each item. Then ask the following questions for each item:

1. Whom in the family was the item bought for?
2. Where is it kept in the house?
3. When is it used?
4. Is it important? Why?
5. Is it good for you? Will it make you healthy?
6. Can this item pollute our environment? How?

When bringing out the cigarette pack also ask the following questions.

7. Is this an item that you will someday use? Why or why not?
8. Does it ever bother you when someone is smoking near you?
Do your eyes ever water?

USED WITH PERMISSION: Brooks, John, Ed.; Introducing Tobacco Education in the Elementary School K-4, (American School Health Association: Kent, OH, 1978), pp. 12-13.



DECISIONS AND VALÚES

K-2

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following:

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24):

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, p. 19).

1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistantly and repetitiously acting on one's belief.

Key Concept: Awareness of decisions which are made every day.

WHO DECIDES?

The following activity will help students become aware of the many decisions that they make for themselves each day.

ACTIVITY:

1. Hand out the worksheet titled "Who Decides" to each student. Either read the questions or have the students read for themselves. Complete the worksheet.
2. Have the students share their answers. As the children answer the questions, ask, "Could anyone else make this decision?" The purpose is to help children realize there are more decisions they can make.

USED WITH PERMISSION: Cooper, JoAnne, & others, Decision-Making, (TACT: Doylestown, PA, 1979), pp. 4-5.

WHO DECIDES?

Answer the questions by writing or drawing one of the following:



WHO DECIDES

What I wear to school?

What I have for breakfast?

Who I play with?

Whether or not I should do my homework?

What I should do for homework?

What my favorite food is?

What game I should play with my friends?

What I should do when there is no one to play with?

What my jobs at home are?

Key Concept: Awareness that we have help in making decisions.

DECISION-MAKING HELPERS

The following activity will help students identify various factors that help us make decisions.

ACTIVITY:

For younger children, read the list of decisions to be made and hold a discussion on where we get help in making the decisions. For older students, have them match the decisions to be made with the place to get help.

DECISIONS TO BE MADE:

WHERE TO GET HELP:

- | | |
|---|----------------------|
| 1. What to order in a restaurant. | a. Price tag. |
| 2. Whether to watch TV. | b. Map. |
| 3. Where to buy a bike. | c. Weather forecast. |
| 4. Whether to buy a pair of socks. | d. Thermometer. |
| 5. When to buy someone a birthday present. | e. Newspaper ads. |
| 6. When to leave for home from your friend's house. | f. Last report card. |
| 7. Whether to buy a particular record. | g. TV Guide. |
| 8. Whether to plan on going swimming tomorrow. | h. Radio. |
| 9. Which way is shortest from your house to a hospital. | i. Calendar. |
| 10. How to find out whether you are sick. | j. Menu. |
| 11. Whether to do your homework. | k. Clock. |

USED WITH PERMISSION: Chase, Larry; The Other Side of the Report Card, (Scott, Foresman and Co.: Glenview, IL, 1975), p. 155.

Key Concept: Clarification of the possible consequences of risk-taking.

RISK TAKING

Many decisions involve taking risks. A person's choice will depend on how great the risk is. Since making decisions that involve risk are so much a part of everyday life, it is important that children learn to recognize risks at an early age and look at the possible consequences before making a decision.

ACTIVITIES:

1. Hold a class discussion about what "taking a risk" means. Have individual students share activities that they have done which involved some risk. Ask them to give examples of risks that had bad consequences and good consequences.
2. Hand out a copy of "What Risks Did They Take?" and have various students describe what risk they believe were taken by the people in the pictures. Were the consequences good or bad for those involved?
3. From the page titled "Risk-Taking Situations", read some of the various risk-taking examples. Encourage the students to look at the possible good consequences, the possible bad consequences. Have them share with a partner what they would do in that given situation.

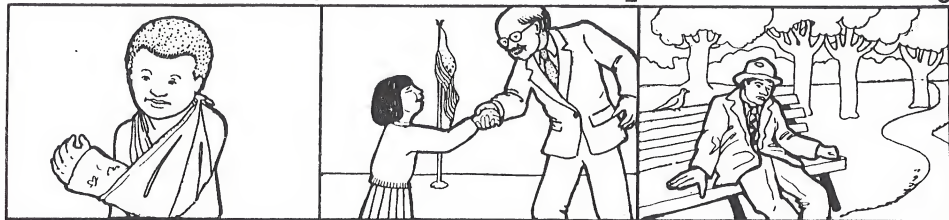
USED WITH PERMISSION: "What Risks Did They Take", and "Situations", Taking Risks: Activities & Materials For Teaching About Alcohol, Other Drugs, & Traffic Safety, Book I, Elementary Ed., (California State Dept. of Education: Sacramento, CA, 1979), pp. 19, 34.

What Risks Did They Take?

1

2

3



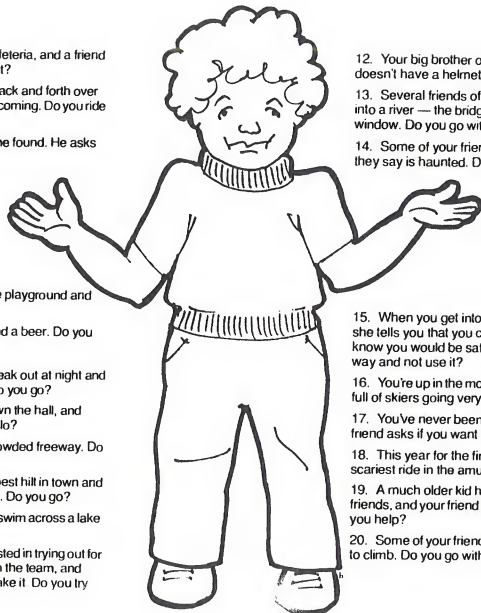
4

5

6



Situations



1. You find a bottle of pills in the school cafeteria, and a friend dares you to take one of them. Do you take it?

2. All the other kids are riding their bikes back and forth over the train tracks — and you can hear the train coming. Do you ride with them?

3. Your best friend shows you a cigarette he found. He asks you to smoke it with him. Do you?

4. Another kid is swinging really high in the playground and dares you to swing higher. Do you?

5. Some older kids offer you and your friend a beer. Do you take it?

6. A group of your friends invites you to sneak out at night and go walking in the spooky woods with them. Do you go?

7. You see a new kid in school walking down the hall, and you'd sort of like to meet him. Do you say hello?

8. Your friend dares you to run across a crowded freeway. Do you?

9. Your friend tells you he's found the steepest hill in town and asks if you'll go skateboarding with him there. Do you go?

10. It's summertime and a friend asks you to swim across a lake to an island. Do you go along?

11. The P.E. teacher asks you if you're interested in trying out for the baseball team. A lot of your friends are on the team, and you'd like to do it, but you're not sure you'll make it. Do you try out?

12. Your big brother offers you a ride on his motorcycle, but he doesn't have a helmet. Do you go?

13. Several friends of yours decide to jump from a high bridge into a river — the bridge is about as high as a second-floor window. Do you go with them?

14. Some of your friends have decided to go into a house that they say is haunted. Do you go with them?

15. When you get into the car with your mom to go to the store, she tells you that you can either use the seat belt or not, but you know you would be safer if you use it. Do you take the "easy" way and not use it?

16. You're up in the mountains. The only good hill for sledding is full of skiers going very fast. Do you go sledding anyway?

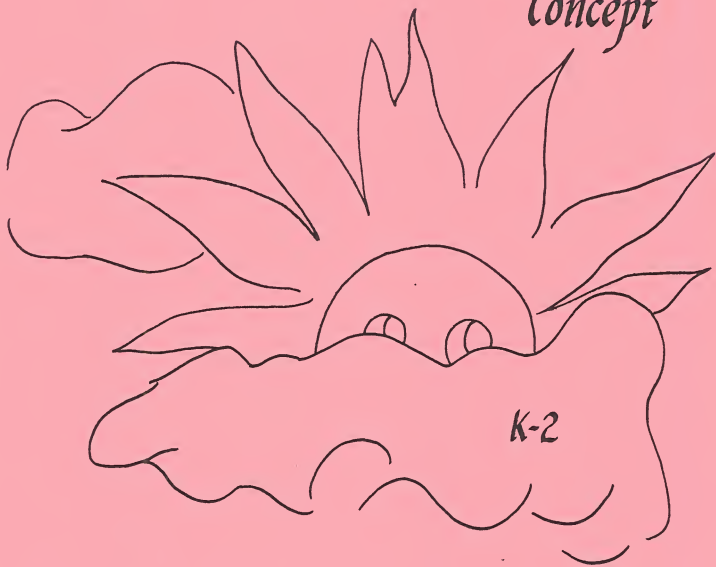
17. You've never been on a roller coaster before, and your best friend asks if you want to go along. Do you go?

18. This year for the first time you're big enough to ride the scariest ride in the amusement park. Do you go?

19. A much older kid has been picking on one of your best friends, and your friend asks if you'll help him fight the big kid. Do you help?

20. Some of your friends have found a steep cliff that they want to climb. Do you go with them?

*Self
Concept*



SELF-CONCEPT

Although peer pressure is usually the major reason students begin using tobacco, this is not necessarily the reason they continue using it. Along with developing a physical dependence on the nicotine, they also develop a psychological dependence on the feeling of well-being they experience when they use it. In order to prevent this psychological dependence on tobacco, it is crucial that students develop positive self-concepts before they become involved with it. The process of developing the self-esteem of students includes activities which do the following (It Starts With People, p. 24):

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves with others.
3. Help students accept individual differences.

Key Concept: Awareness of positive points about ourselves.

"I'M A STAR" MOBILE

The following will help students look for positive qualities in themselves. Some students may need assistance in doing this.

ACTIVITY:

Make or have the children make either a five-pointed or six-pointed star for each child in the class. These should be made of construction paper or oak tag. The child's name should go in the middle. On each point of the star one good point about "me" should be written. The stars may then be decorated with paints and glitter. Hang these stars on a mobile or around the room, or use them on a bulletin board. Children may take them home after the activity is finished.

USED WITH PERMISSION: Smith, Arden & others, Giving Kids A Piece of the Action, (TACT: Doylestown, PA, 1977), p. 99.

Key Concept: Improvement of self-concept by learning how to make friends.

MAKING A NEW FRIEND

The following activity is a good one to use at the beginning of the year. It will help students get to know one another.

ACTIVITY:

Have the students choose a partner which they do not know very well. Either hand out a copy of the worksheet titled "Making a New Friend" or read the questions to the class. Later, have individual students share with the rest of the class the most important thing they felt they learned about their partner.

USED WITH PERMISSION: McElmurry, Mary Anne, "Making A New Friend", Feelings, (Good Apple, Inc.: Carthage, IL, 1981), p. 7.

7. Making a New Friend

Find a partner among your classmates whom you do not know very well. Discuss the following questions with each other:

- a) How many brothers and sisters do you have?
- b) Would you like to have more or fewer brothers and sisters? Why?
- c) What is your favorite color?
- d) Do you have a lucky number?
- e) What is your favorite movie?
- f) What is your favorite book?
- g) What is your favorite T V show?
- h) What do you like most about school?
- i) What do you like least about school?
- j) Do you have a hobby?
- k) What are some things you enjoy doing?
- l) What is the most exciting thing you have ever done?
- m) What would you like to be able to do someday?
- n) What is a wish that you hope comes true?
- o) What do you worry about?



After the conversation, tell the class about one of the most important items your friend discussed with you.

Key Concept: Awareness of outward and inward characteristics that students would like to find in a friend.

CHARACTERISTIC PUPPETS

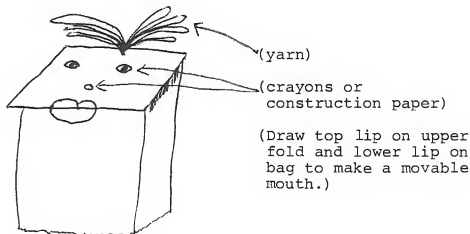
The following activity will help students discover characteristics that they like in others and characteristics which may be good for themselves to have in order to make and keep friends.

MATERIALS NEEDED:

Small brown paper lunch bags (one for each group member), yarn, scraps of construction paper, glue, and crayons.

ACTIVITY:

Ask the children to make a puppet from the paper bag so that the puppet will look just the way they would want a good friend to look. Tell them to only work on the head of the puppet, leaving the rest of the puppet (paper bag) to be decorated in a different way.



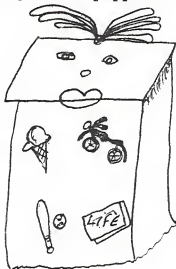
USED WITH PERMISSION: Cooper, JoAnn & others; Peer Relationships, (TACT: Doylestown, PA, 1980), pp. 14-16.

CHARACTERISTIC PUPPETS (continued):

Next, have the children decorate the lower part of both sides of the puppet (bag) with things which would indicate the way they would like their friend to be, activities their friend would like to do, the interests of their friend, various things their friend would like such as food, games, hobbies, etc.

When finished ask the children to individually introduce their puppet to the group, having their puppet friend then tell all about himself or herself.

(Sample of
finished puppet)

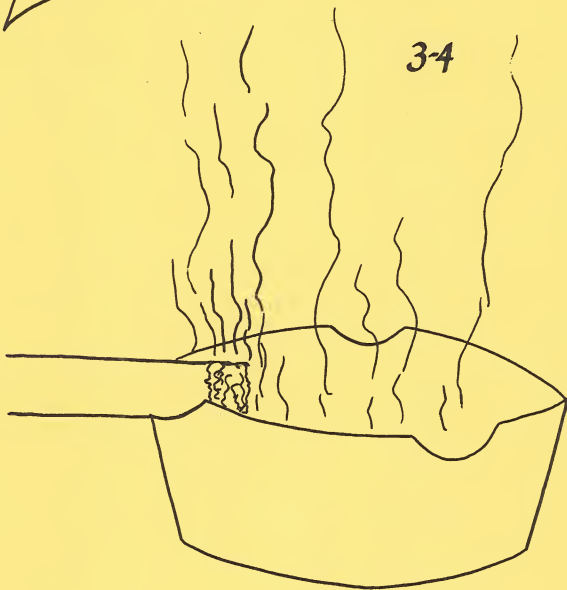


Ask the children to think about their puppet friend and then on slips of paper list those characteristics which no one would know about their friend just by appearances. These characteristics would include the friend's personality and how the friend might treat other people. Examples of such characteristics might be kind, helpful, funny, etc. As they write these slips ask them to place them inside the paper bag. When they are finished with the task, ask the children to have their puppet friend tell about their inner characteristics as the children take the slips from the bag. Discuss with the children how they would like their puppet friend to treat them, in turn, how they should treat a friend.

USED WITH PERMISSION: Cooper, Joann & others; Peer Relationships, (TACT: Doylestown, PA, 1980), pp. 14-16.

Tobacco Education

3-4



TOBACCO EDUCATION

3-4

Grades 3-4 should be a time when students continue to learn about various types of pollution. They are also now at an age where they can understand basic principles of how the body works and how pollution, particularly smoking, will affect it. Key concepts to be stressed at this age include the following:

1. Various types of pollution.
2. How pollution affects the environment.
3. How pollution affects the body.
4. How the respiratory system works.
5. What happens to the lungs when people smoke.

Key Concept: Awareness of various types of pollution.

SNOOPER'S REPORT

Hold a discussion on various types of pollution including such topics as garbage, smoke, exhaust, smog, and soot. After setting the foundation of the various types of pollution, have the students do the following activity.

ACTIVITY:

"Snooper Report": Encourage your students to thoroughly investigate a topic -- be a "snoop". A "snooper report" consists of four pieces of related work focusing on a single subject: (1) piece of research, (2) a math activity, (3) creative writing, (4) art work. The entire report should be attractively arranged on a large sheet of colored paper. Students can select their own topics, or choose from a list you provide. Suggestions might be: automobile pollution controls; home heating controls; vehicle maintenance; industrial pollution controls; solar energy; fossil fuel controls.



USED WITH PERMISSION: American Lung Association, Film Guide: Charlie Brown Clears the Air, (1740 Broadway, New York, NY, 1979), p. 6.

Key Concept: Understanding of vocabulary terms related to pollution.

POLLUTION VOCABULARY

The following activities will provide students with a knowledge of vocabulary terms related to pollution.

ACTIVITIES:

1. Supply students with the definitions of the following words or have them look up the definitions in the dictionary.

Vocabulary Words:

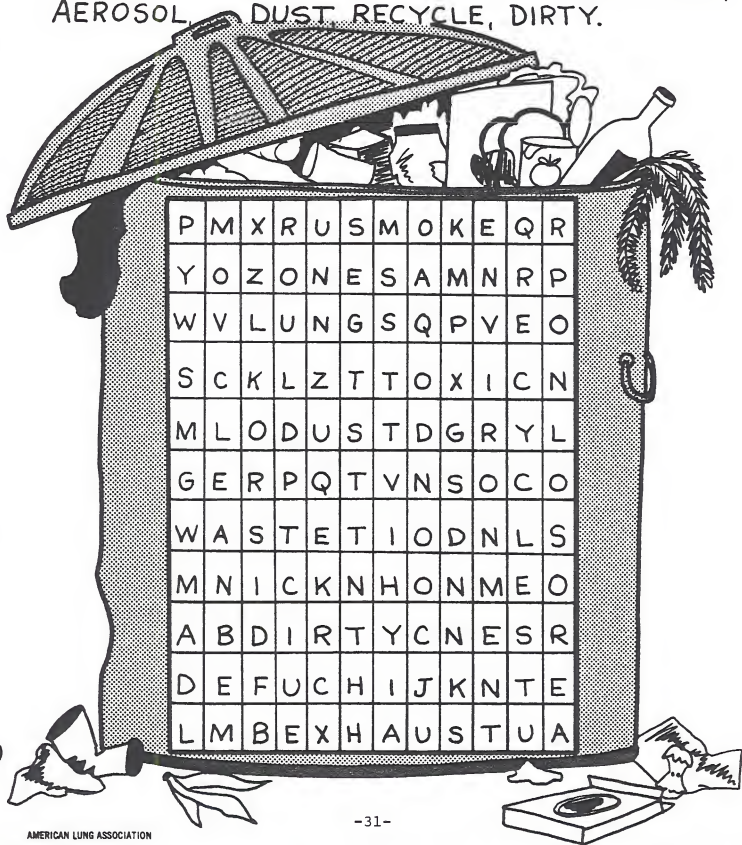
smoke	lungs	exhaust	recycle
pollution	waste	toxic	dirt
burning	clean	aerosol	
environment	ozone	dust	

2. Have the students find the vocabulary in the "Garbage Maze". After having completed the "Garbage Maze" have them write a complete sentence for each of these words.

USED WITH PERMISSION: "Garbage Maze". American Lung Association, Film Guide: Charlie Brown Clears the Air, (1740 Broadway, New York, NY, 1979), p. 12.

GARBAGE MAZE

Find the following words on the can. Circle them.
SMOKE, POLLUTION, BURNING, ENVIRONMENT,
LUNGS, WASTE, CLEAN, OZONE, EXHAUST, TOXIC,
AEROSOL, DUST, RECYCLE, DIRTY.



Key Concept: Awareness of the effects of air pollution.

AIR POLLUTION

The following activities will help students recognize how air pollution can be damaging to the environment.

ACTIVITIES:

1. Ask the students to make a list of things they have seen that have been damaged by air pollution. Have them share times when they may have felt the effects of air pollution (i.e. watery eyes, headaches).
2. Reinforce how air pollution is harmful by having the students complete the worksheet titled "Air Pollution: What Does It Do?"

USED WITH PERMISSION: "Air Pollution: What Does It Do?", American Lung Association, Lungs Are For Life: Lung Health Module - Grade 3, (1740 Broadway, New York, NY, 1980), Day 5.

5 Air Pollution: What Does It Do?

Even when you can't see it, air pollution is at work. The chemicals in the air hurt things, plants, animals and even people. Here is how pollution harms us and our environment (en - VI - run - ment):

Things — Air pollution makes paint peel off of houses. It also changes the color of paint. Pollution dirties clothing, curtains, and your furniture at home. The poisons in the air are like millions of little pieces of sandpaper constantly rubbing away at buildings, statues, cars, bridges, your bicycle. Pollution makes rubber tires crack. It rusts everything made of iron and steel.

Plants — Air pollution blocks out the sun. This makes all plants grow slower. The poisons in the air hurt trees, bushes, fruits, and vegetables and make their green leaves dry and brown. Sometimes, air pollution makes the leaves all turn yellow and drop off. Even plants in your house are hurt by cooking fumes and aerosol sprays.

Animals — Cows can get sick from air pollution. So can dogs and cats. Be very careful not to use any kind of spray paint or bug killer near your pet. If even a small amount gets into an aquarium, all the fish may die.

People — Air pollution can make your eyes water and burn. It can give you a bad headache or make you dizzy. Pollution in the air makes it easier for you to catch a cold or the flu. It makes everyone have a harder time breathing. So, pollution is especially bad for people who have breathing problems anyway, like hayfever or asthma (AZ - mah).

Air pollution hurts your heart and lungs. It especially affects people who have respiratory diseases like Emphysema (em - fa - ZE - mah) and Bronchitis (bron - KI - tis).

Lung Cancer can be caused by some of the poisons in the air. Every year, about 100,000 people die of lung cancer.

Pollution Jumble

All of the words we underlined above are inside the cloud of pollution. These are important words. How many can you find? Draw a circle around each one.

AT REXNLFPA
LCSGOSVANOMKN
THAYFEVERELDA
EMPHYSEMAILUNG
MBTPFGRM
JSAJZRYSO
LCTIQWRPLKNN
NBRONCHITISM
BUYPCANCER
NT

Key Concept: Awareness of long term effects of pollution.

THE TIME MACHINE

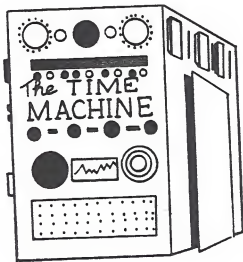
Discuss topics concerning the long term effects of pollution. Possible topic areas may include the following:

1. Effects of aerosol cans on the ozone layer.
2. Effects of exhaust and wood-burning stoves on smog control.
3. Effects of tobacco smoking on the lungs.

Reinforce this concept with the following activity.

ACTIVITY:

"The Time Machine": Visit your local appliance dealer to get a large refrigerator box. Have your students decorate the outside to look like their personal version of a Time Machine. Cut out a door and some light slots in the top. Permit each student to enter the box and begin an imaginary journey into the future. Provide stimuli to think about before entering the Time Machine, e.g., what life will be like in the future if we continue to pollute; what changes will be made in our housing, etc. Students will sit in the Time Machine to contemplate our future, and write their impressions.



USED WITH PERMISSION: American Lung Association, Film Guide:
Charlie Brown Clears the Air, (1740 Broadway, New York, NY, 1979), p.6.

Key Concept: Encourage students to take a stand against pollution.

IN THE DOGHOUSE

Discuss how each individual is responsible to some degree for the amount of pollution in our world today. Encourage students to take a stand against pollution by doing the following activity.

ACTIVITY:

Hand out a copy of the worksheet titled "In The Doghouse" to each student. Have them write their own story of someone who they think should be "in the doghouse" for polluting our environment. Have the students read their stories to the rest of the class when they are finished.

USED WITH PERMISSION: "In The Doghouse", American Lung Association, Film Guide: Charlie Brown Clears the Air, (1740 Broadway, New York, NY; 1979), p. 11.

IN THE DOGHOUSE



DIRECTIONS

Write a story on this page about someone you know that you think should be "in the doghouse" because of polluting our environment.



Key Concept: A test to determine how much the students know about the respiratory system.

THE RESPIRATORY SYSTEM

The following activity will help the teacher determine what the students need to learn about the respiratory system.

ACTIVITY:

1. Before beginning a lesson on the respiratory system, give the students the pre-test titled "Respiratory Test". The test may also be used as a post-test on completion of a unit in this area.

USED WITH PERMISSION: Osness, Donna & others: Sunflower Project: Respiratory Unit, (Shawnee Mission, Instructional Program Center: 6649 Lamar, Shawnee Mission, KS, n.d.), p. 9.

RESPIRATORY TEST

Pre-test Post-test

Draw a line to the correct answer.

- | | |
|--|-------------|
| 1. We all need _____ to live. | trachea |
| 2. Running makes us breathe _____. | exhale |
| 3. When we sneeze and our nose runs, we probably have a _____. | healthy |
| 4. Active play and exercise will keep boys and girls _____. | faster |
| 5. Cigarette smoking can lead to _____. | diaphragm |
| 6. Oxygen we breathe is made clean in the _____. | lungs |
| 7. The sponge-like organs located in our chest are called. | lung cancer |
| 8. Another name for the windpipe is _____. | oxygen |
| 9. To let air out through our mouth or nose is to _____. | nose |
| 10. The large muscle that works to help us breathe is the _____. | cold |

Answers:

1. oxygen
2. faster
3. cold
4. healthy
5. lung cancer
6. nose
7. lungs
8. trachea
9. exhale
10. diaphragm

Key Concept: Awareness of how the respiratory system works as we breathe.

HOW I BREATHE

The following activity will help students visualize the respiratory system and how it works.

ACTIVITY:

After showing the students a picture or a model of the respiratory system, have them complete the worksheet titled "How I Breathe". When the students have completed the worksheet, select individual students to come to the front of the class and describe what happens when we breathe. Allow them to draw pictures on the board to help illustrate it.

USED WITH PERMISSION: "How I Breathe", American Lung Association, Lungs Are For Life: Lung Health Module - Grade 3, (1740 Broadway, New York, NY, 1980), Day 3.

How I Breathe

We all need energy to work, play, think, and even live. Our body gets this energy from food. Oxygen helps us turn this food into energy. With the help of oxygen, our body actually burns up (oxidizes) the food we eat. That's how we get our energy.

The way we get the oxygen we need to help us is called breathing.

Breathing has two parts. We inhale air into our mouth and nose, down our windpipe in our throat, and into our lungs. We exhale carbon dioxide out of our lungs, up our windpipe, and out of our mouth and nose. A strong muscle under our lungs pumps the air in and out. This muscle is called the diaphragm.

A big word for breathing is respiration. All of the parts of our body that help us to breathe are called the respiratory system.

We've listed the underlined words from above. Look them up in a dictionary, and write in the definitions and pronunciations. Use the back of this sheet if you need more space.

breathing _____
inhale _____
exhale _____
windpipe _____
diaphragm _____
respiration _____
respiratory system _____

You can draw a picture of the respiratory system by connecting the dots below. Start with dot number 1 and draw a line through all the rest of the dots, in the right order, until you come to dot number 95. Then draw a line from each word below to the right place in your picture.

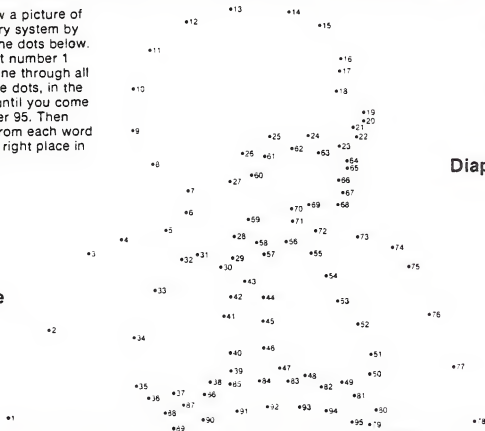
Lungs

Windpipe

Mouth

Nose

Diaphragm



Key Concept: Awareness of how the lungs work.

THE LUNGS

After doing the following activities, the students will have a general understanding of how the lungs function.

ACTIVITIES:

1. Hold a discussion on what the function of the lungs are. Have the students complete the worksheet titled "In The Pink".
2. After the students have completed the worksheet, select individuals to come up to the blackboard and draw a picture of the lungs.

USED WITH PERMISSION: "In The Pink", American Lung Association, Lungs Are For Life: Lung Health Module - Grade 3, (1740 Broadway, New York, NY, 1980), Day 4.

In The Pink

Is there anything inside your lungs? Or are they hollow like the inside of a balloon?

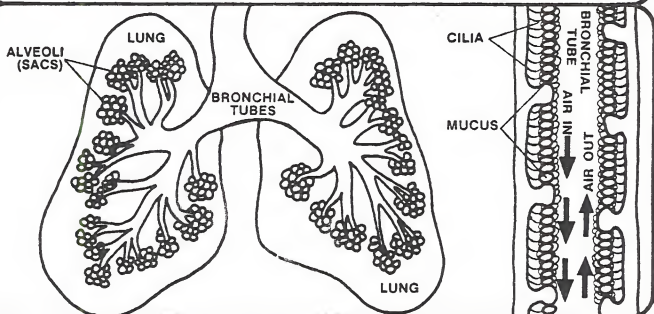
The answer is that your lungs are not just hollow spaces. They are more like a sponge inside.

Your lungs are filled with tubes called **bronchial tubes** (BRON - key - el). They start out at the bottom of your **windpipe** like two large tree trunks. One tube leads into each lung. Each large bronchial tube branches out into lots of smaller bronchial tubes. It's just like having an upside-down tree inside each lung.

The bronchial tubes lead to small groups of bubbles called **air sacs**. The scientific name for air sacs is **alveoli** (al - VEE - o - lie). Oxygen goes from the air sacs into your blood. It is then carried to all parts of your body.

Below, the picture on the left shows you what we mean. It's called the **respiratory tree** (RESS - per - a - tor - ree).

The picture on the right shows you what's inside the bronchial tubes. The little hairs are called **cilia** (SILLY - a). The cilia help keep dirt out of the lungs by pushing a liquid which is also inside the bronchial tubes. This liquid is called **mucus** (MEW - cuss). Dirt gets trapped in the mucus. The cilia and mucus work together to keep your lungs clean and pink and healthy.



Now you're ready to complete the sentences below, and find the secret message.

- Oxygen is carried to all parts of your body in your () L _ _ _ D
- Another name for alveoli is A () S _ _ _ . (2 words).
- The bronchial tubes start at the bottom of your W _ _ _ _ _ () .
- Dirt is kept out of your lungs by little hairs called C _ _ _ () .
- Air comes into your lungs through bronchial () U _ _ _ S .
- The cilia and mucus keep your lungs clean, pink and () E _ _ _ _ .
- All of the parts of our body that help us breathe are called the R () _ _ _ _ _ system.

The secret message is



Key Concept: Awareness of various parts of the respiratory system and where they are located.

PAPER DOLL BULLETIN BOARD

The following activities are designed as a game to help students learn the various parts of the respiratory system and where they are located.

ACTIVITIES:

1. Using a blackboard or bulletin board put up a large paper doll. Have a line extended from the doll for each part of the respiratory system you want labeled. Make cards naming each part. Call each student to "draw" a card from the stack and correctly place it on the doll. (You may have to remove the cards and repeat the activity until all get a chance).
2. Using two dolls and two sets of cards divide the class into two groups. In a relay order, each student comes up, draws a card and places it on the doll. The first team that has theirs labeled correctly wins. Remember, no help from your teammates. You may wish to include all 8 sinuses, ribs, etc.

USED WITH PERMISSION: Osness, Donna & others; Sunflower Project: Respiratory Unit, (Shawnee Mission, Instructional Program Center: 6649 Lamar, Shawnee Mission, n.d.), p. 14.

Key Concept: Awareness of the process of inhaling and exhaling and how this affects lung size.

THE TAPE MEASURE

The following activities will help students better understand the respiratory system and how it works.

ACTIVITIES:

1. Hold a discussion about what is happening when we breathe (we take in oxygen and breathe out carbon dioxide). Explain how our lungs and rib cage change in size as we breathe in and out. Compare it to a balloon.
2. Illustrate lung expansion by having the students measure their chest size while they are breathing in as much as possible and while they are breathing out as much as possible. Have them write a description of what is happening.

USED WITH PERMISSION: Osness, Donna & others; Sunflower Project: Respiratory Unit, (Shawnee Mission, Instructional Program Unit: 6649 Lamar, Shawnee Mission, KS, n.d.), p. 39.

Key Concept: Awareness of harmful items in the air that we breathe.

BREATHING FREE

The following activities will help students understand that there are many things that we breathe into our lungs from the air which are not good for us. Students will be encouraged to take responsibility for improving our air quality.

ACTIVITIES:

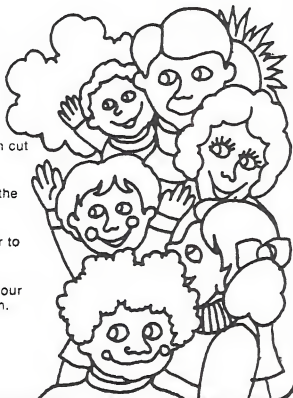
1. Brainstorm about things that we breathe into our lungs from the air around us which may be harmful. Make a list of these things on the blackboard.
2. Encourage the students to take some responsibility for making our air cleaner. Have them complete the worksheet titled "Breathing Free: What You Can Do."

USED WITH PERMISSION: "Breathing Free: What You Can Do", American Lung Association, Lungs For Life: Lung Health Module - Grade 3, (1740, New York, NY, 1980), Day 12.

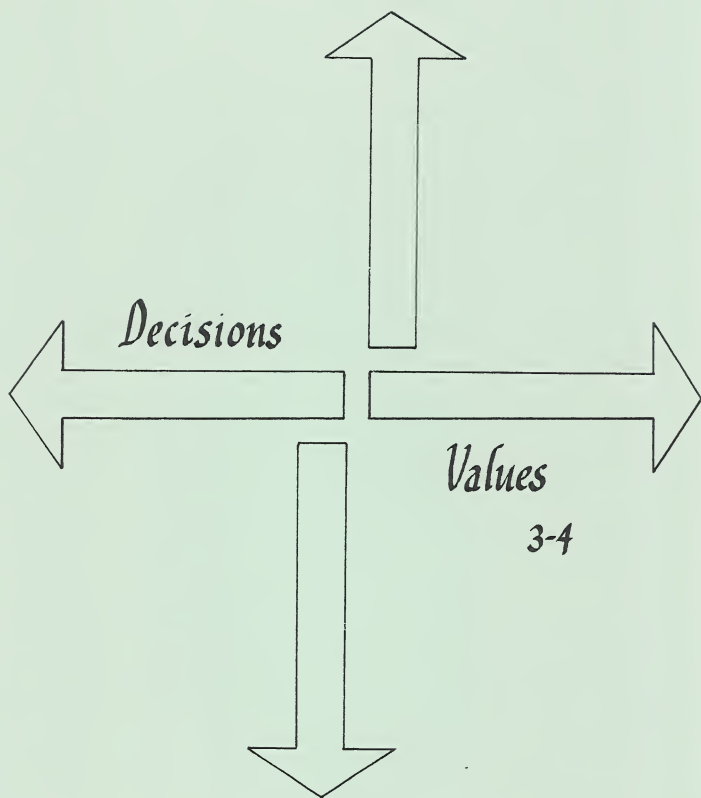
Breathing Free: What You Can Do

Here's a list of 8 things you can do to help yourself and everyone breathe free. They are little things, but they make a big difference if lots of people do them. So, take this list home with you. Put it someplace where everyone in your family can see it. Spread the word to your friends too. It's up to you to lead the way. (Put an "M" in front of everything you will try to do; an "F" in front of the things you will help your family to do; an "O" in front of the things you will tell other people to do.)

- ☐ 1 Learn about the dangers of smoking.
- ☐ 2 Tell the facts about smoking to anyone you know who is just starting to smoke.
- ☐ 3 Ride a bike or walk instead of always using the car.
- ☐ 4 Learn how using public buses and trains can cut down on air pollution.
- ☐ 5 Make sure not to burn leaves or garbage in the open air.
- ☐ 6 Organize a car pool if you must travel by car to school.
- ☐ 7 Find out who the major air polluters are in your community and what you can do about them.
- ☐ 8 Avoid using paints, glues, bug killers, deodorants, air fresheners and household cleaners that come in spray containers.



What else can you think of that will help everyone to breathe free?



DECISIONS AND VALUES

3-4

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following:

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24):

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, p. 19).

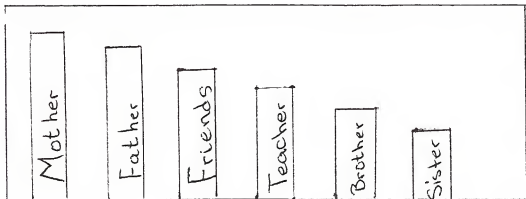
1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistently and repetitiously acting on one's beliefs.

Key Concept: Awareness of how much we are influenced by other people.

"INFLUENCE" BAR GRAPH

ACTIVITY:

Ask the students to name 5 to 10 people who they think influence them. Have them rank the list in the order of whom they feel influences them most to whom they feel have the least influence. Have the students make a bar graph to visually show the amount of influence each person has on them.



When the bar graphs are made, hold a discussion using the following questions.

1. Who has the greatest influence on you at this time?
2. Who has the least influence on you at this time?
3. Would the person who has the most influence on you at this time want you to smoke a cigarette? Why or why not?
4. Would the person with the least amount of influence want you to smoke? Why or why not?
5. Who decides whether you will smoke or not at this time?
6. Who will decide whether you will smoke or not when you are 14 years old? 20 years old? What will you decide to do about smoking when you are 14 or 20 years old?

USED WITH PERMISSION: Modified from Cooper, JoAnn & others; Peer Relationships, (TACT: Doylestown, PA, 1980), p. 4-5.

Key Concept: Awareness that decision-making involves taking risks.

RISK-TAKING

Students need to understand that some decisions are difficult to make because of the risk involved. To determine how risky a decision is, one must look at the consequences.

ACTIVITY:

Hold a discussion about what "taking a risk" means. Hand out the worksheet titled "Risk-Taking". Have the students mark on the continuum how much risk is involved in the activities listed on the worksheet.

USED WITH PERMISSION: Smith, Arden & others, Giving Kids A Piece of the Action, (TACT: Doylestown, PA, 1977), p. 64.

RISK-TAKING

DECISION	RISK INVOLVED
1. To not do homework	
Super Risky	No Risk at all
2. To cheat on a test	
Super Risky	No Risk at all
3. To try out for the basketball team	
Super Risky	No Risk at all
4. To ask to join a new group at recess	
Super Risky	No Risk at all
5. To volunteer to be chairman of a committee	
Super Risky	No Risk at all
6. To tutor a younger student in reading	
Super Risky	No Risk at all
7. To ask the teacher a personal question	
Super Risky	No Risk at all
8. To tell your best friend, "No"	
Super Risky	No Risk at all
9. To spend your milk money on ice cream	
Super Risky	No Risk at all
10. To run down the hall	
Super Risky	No risk at all

Key Concept: Clarification of values about tobacco use.

CIGARETTES: BEHIND THE SMOKE SCREEN

The following activity will help students identify reasons why people smoke and will help them clarify their feelings about smoking.

ACTIVITY:

Have the students complete the worksheet titled "Cigarettes: Behind the Smoke Screen". Discuss each of the statements under "What do you think?" with the class.

USED WITH PERMISSION: American Lung Association, "Cigarettes: Behind The Smoke Screen", Lungs Are For Life: Lung Health Module - Grade 3, (1740 Broadway, New York, NY, 1980), Day 9.

Key Concept: Prioritizing our values.

STEPS TO HAPPINESS

The following will help students prioritize their values in their pursuit to happiness.

ACTIVITY:

Have the students complete the worksheet titled "Steps To Happiness". Break the class into small groups and have the students share or "publicly affirm" their decisions.

USED WITH PERMISSION: McElmurry, Mary Anne; Feelings,
(Good Apple, Inc.: Carthage, IL, 1981), p. 27.

31. Steps to Happiness

Listed below are the "keys to happiness" from Activity 30. Construct the stepladder to happiness by cutting out and gluing the least important means to happiness on the bottom rung of your ladder. Continue to climb the ladder by determining your priorities for happiness. The top rung of the ladder should indicate your most important means of happiness.

HAVING NO
PROBLEMS

FEELING GOOD
ABOUT MYSELF

HAVING A
GOOD FRIEND

BEING
HEALTHY

BEING
HONEST

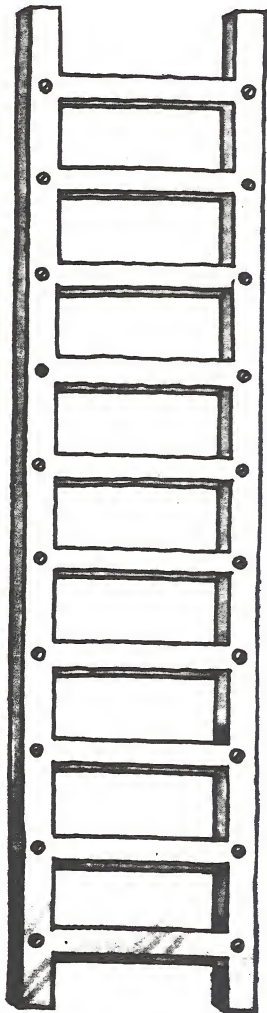
FACING
PROBLEMS

HAVING
MONEY

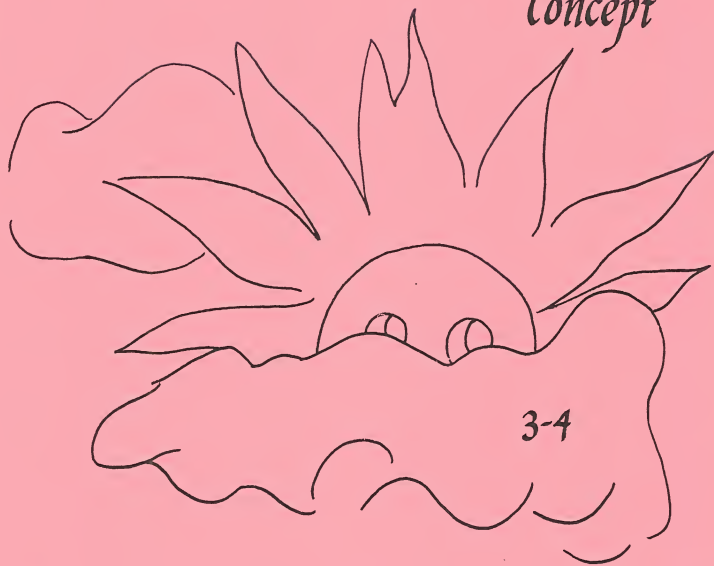
GETTING MY
OWN WAY

ENJOYING
LIFE

Write your own
step to happiness



Self Concept



SELF-CONCEPT

Although peer pressure is usually the major reason students begin using tobacco, this is not necessarily the reason they continue using it. Along with developing a physical dependence on the nicotine, they also develop a psychological dependence on the feeling of well-being they experience when they use it. In order to prevent this psychological dependence on tobacco, it is crucial that students develop positive self-concepts before they become involved with it. The process of developing the self-esteem of students includes activities which do the following (It Starts With People, p. 24):

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves with others.
3. Help students accept individual differences.

Key Concept: Helping students build each others self-concept.

MY CLASSMATES AND ME

ACTIVITIES:

1. Give each child a large piece of construction paper. In the center ask the children to write their names and draw a picture of themselves. Photographs could be used in place of drawing pictures. Hand these papers around the classroom in places where the children can easily reach to write on them.
2. Allow approximately one month to do this activity. Each day, ask the students to think about one child in the room and then on that child's paper write a positive comment about the student's personality (You are always smiling), appearance (I like your freckles), past happenings (You are a good runner), etc.
3. When the activity is finished each child should have a comment on his paper from every other child in the room. Next have the children frame their pictures or cover them with plastic wrap. These papers make super posters for any child's room and are great builders of good feelings.

USED WITH PERMISSION: Smith, Arden & others; Giving Kids A Piece of the Action, (TACT: Doylestown, PA, 1977), p. 94.

Key Concept: Enhancement of self-concept.

ME-MOBILE

The following activity will enhance the students' self-concepts by helping them think of others who feel they are special, by helping them discover unique characteristics about themselves, and by helping them identify their values.

ACTIVITY:

Have each student make a "Me-Mobile". Instructions are given on the following pages.

USED WITH PERMISSION, McElmurry, Mary Ann, Caring, (Good Apple, Inc.: Carthage, IL, 1981), pp. 1-7.

7.

Me-Mobile

Make a Me-Mobile

Materials

6 circles in activities 1-6

Name tag strip

3 construction paper squares (5½ in. x 5½ in.).

Poster board or tag board (16 in. x 5 in.).

String or yarn (5 yards).

Scissors

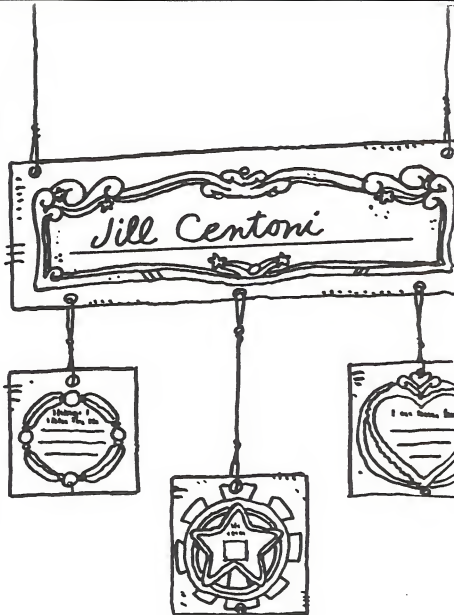
Glue

Paper punch

Magic marker

Procedures

- a. Cut out the name tag strip and glue it onto your 16 in. x 5 in. poster board.
- b. Cut out the six circles from activities 1 through 6.
- c. Glue two circles (back-to-back) on one square of construction paper. Follow the same procedure for the other four circles.
- d. Cut three pieces of string (or yarn) - 15 in., two 10 in.
- e. Punch three holes along the bottom of the name tag and one hole in each mounted circle. Tie the circles to the name card with the string or yarn.
- f. Punch two holes in the top of the name card. Attach short pieces of string or yarn to the top of the name card.
- g. Hang your Me-Mobile in a special place in your classroom or home.



1. One, Two, Three & Me

Complete the Numerology Chart by putting the correct numbers in the spaces provided.

Lucky Number

Weight

Height

Number of People in Family

Day, Month, Year of Birth

Address

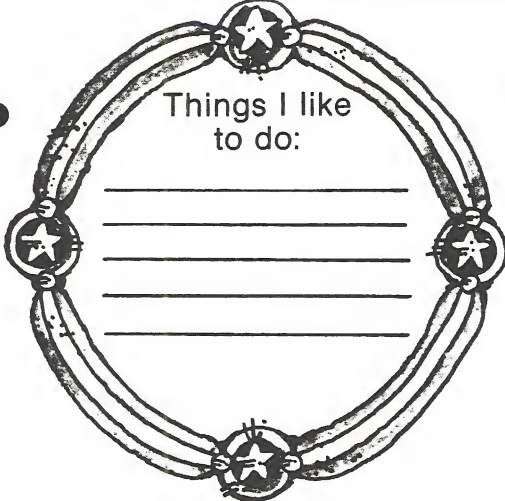
Age

Telephone Number

Things I like about my appearance:

2. Looking Good

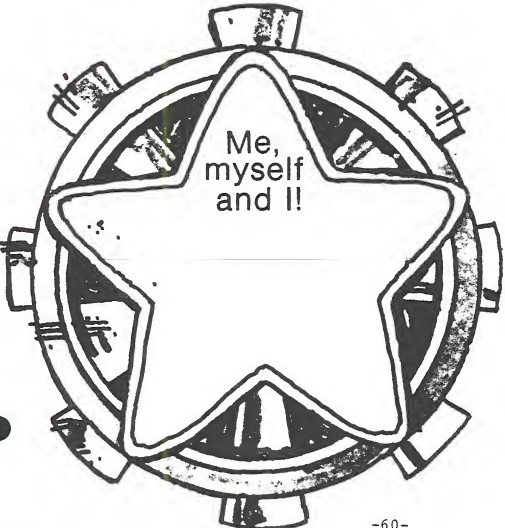
Describe the things you like about how you look in the space provided.



Things I like
to do:

3.
Can Do.

Describe those things which you like to do in the space provided.



Me,
myself
and I!

4.
Picture This!

Paste a photo or draw a picture of yourself in the space provided.

5.

I Am Loved.

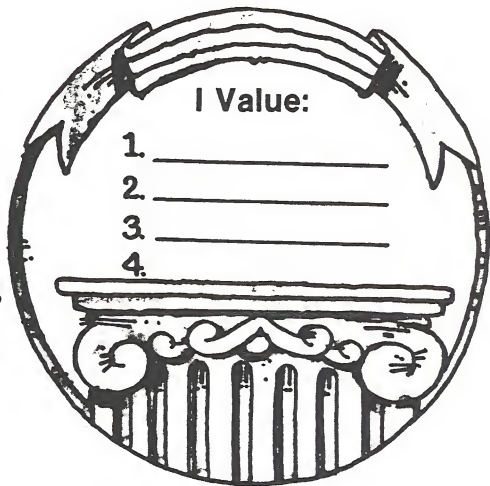
List the names of people who love you in the space provided.

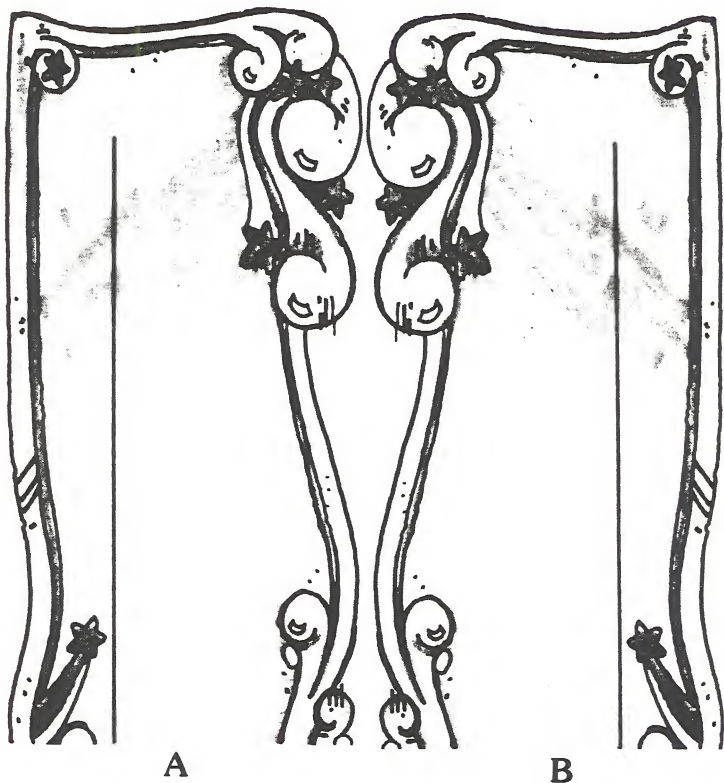


6.

I Care.

List the four most important things in your life right now. Rank order your list. That is, put the thing you value most as 1., the thing you value second as 2., etc.





NAME TAG FOR ME-MOBILE. To make your name tag, cut out parts A and B. Glue parts together on 16" x 5" poster board.
Write your name on the line.

Key Concept: Enhancement of self-concepts.

GOOD FEELING AWARD

The following activity is a way to help students publicly affirm an event which has made them feel good. This activity could also be used to encourage people not to smoke.

ACTIVITY:

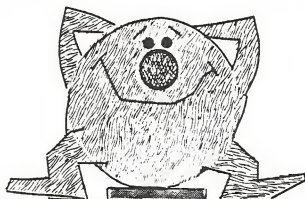
1. Have the students reflect on something which has happened that day which has made them feel good. Have them think of the person who was responsible for the thing that made them feel good. Hand out a copy of the "Good Feeling Award". Have the students color the picture and give it to the person who made them feel good.
2. Hold a discussion on how smoking makes you feel. Ask the students if their nose sometimes runs or their eyes start to water because of someone smoking in the room. Have the students encourage others not to smoke by giving them a "Good Feeling Award" for not smoking.

USED WITH PERMISSION: "Good Feeling Award", Stanish, Bob;
Connecting Rainbows, (Good Apple, Inc.: Carthage, IL, 1982), p. 18.

THE GOOD-FEELING AWARD

To:

For:



This is a Good-feeling Award. Think of people or events you could give it to.



Key Concept: Enhancement of self-concept.

FEELING GOOD

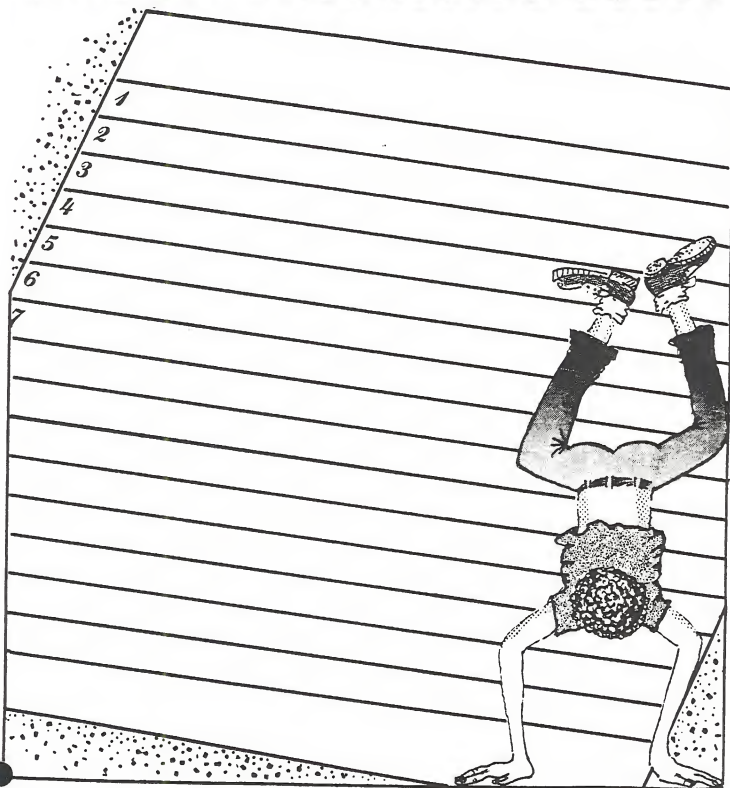
The following activity will help students identify activities which make them feel good, without having to become involved in smoking.

ACTIVITY:

Hold a discussion on reasons why people smoke. Point out that people sometimes smoke because smoking helps them to relax when they become nervous. It makes a person feel good. Since smoking is bad for a person's health, have the students think of some healthy activities they could do to feel good. Have them list these activities on the worksheet titled "List Things You'd Feel Like Somersaulting About".

USED WITH PERMISSION: "List Things You'd Feel Like Somersaulting About", Stanish, Bob; Connecting Rainbows, (Good Apple, Inc.: Carthage, IL, 1982), p. 46.

LIST THINGS YOU'D FEEL LIKE SOMERSAULTING ABOUT



Underline the happiest somersault!

Key Concept: Enhancement of self-concept by encouraging students to say positive, caring things to each other.

PAPER CHAINS

The following activity will encourage children to develop the habit of saying positive, caring things to each other which will contribute to the creation of an affective environment.

ACTIVITY:

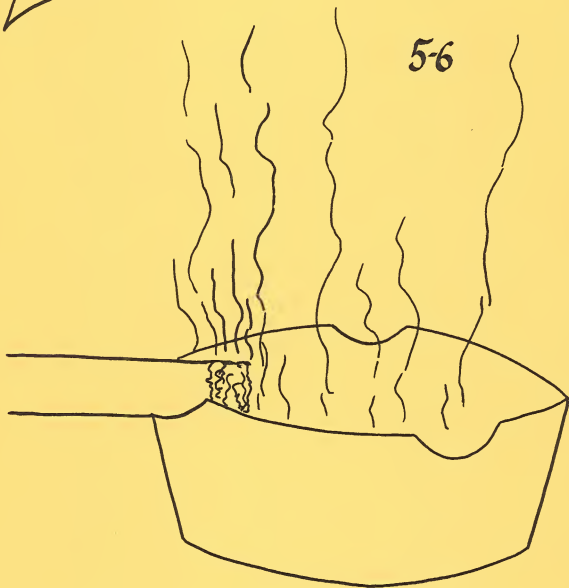
Stock an activity center or other designated area with a large supply of 1" X 8" construction paper strips in assorted colors. Store them in coffee cans, oatmeal cartons, or similar cylindrical containers for easy access. Have a supply of paste on hand. Each time a child hears someone make a positive comment or sees a caring gesture, he/she should write the name of the person and the comment or gesture on one of the strips of paper. Have the children paste the ends of the first strip together to form a ring. Have them pass the next strip through the ring and paste the ends together to begin the chain. Have them continue in this way, adding links to either end of the chain. As the chain grows, the children will have tangible evidence of all their happy, positive statements and caring gestures.

Display the children's paper chains in the classroom. Place them at a height the children can easily reach. Encourage them to continue to add links to the chain regularly.

USED WITH PERMISSION: Borba, Michele & Craig; Self-Esteem: A Classroom Affair, Vol. 2, (Winston Press, Inc.: Minneapolis, MN, 1982), p. 31.

Tobacco Education

5-6



TOBACCO EDUCATION

5-6

At this level, students are old enough to understand and describe how the respiratory system works and how smoking will impair it. Students at this age also need to be challenged to take a stand about their view on smoking based on the facts and encouraged to stand up for that view. Following are some key concepts to be stressed at this level.

1. Knowledge of the various parts of the respiratory system and the ability to describe them.
2. Knowledge of how the body uses oxygen and how smoking hinders this supply of oxygen.
3. Knowledge of respiratory diseases, some of which are caused by smoking.
4. Encouragement to stand on their own views on smoking based on the facts.

Key Concept: Awareness of the anatomy of the respiratory system.

THE RESPIRATORY SYSTEM

Activities:

1. Give the students the Pre-test on the respiratory system to determine what they do and do not know.
2. Hold a discussion on what parts of the body are needed for breathing. Familiarize the students with the following terms: nasal cavity, throat, larynx, trachea, bronchial tubes, bronchi, lungs, pleura, alveoli, diaphragm, and ribs. After showing the exact location of these parts on a model or chart, have the students complete the activity sheet titled "The Respiratory System".

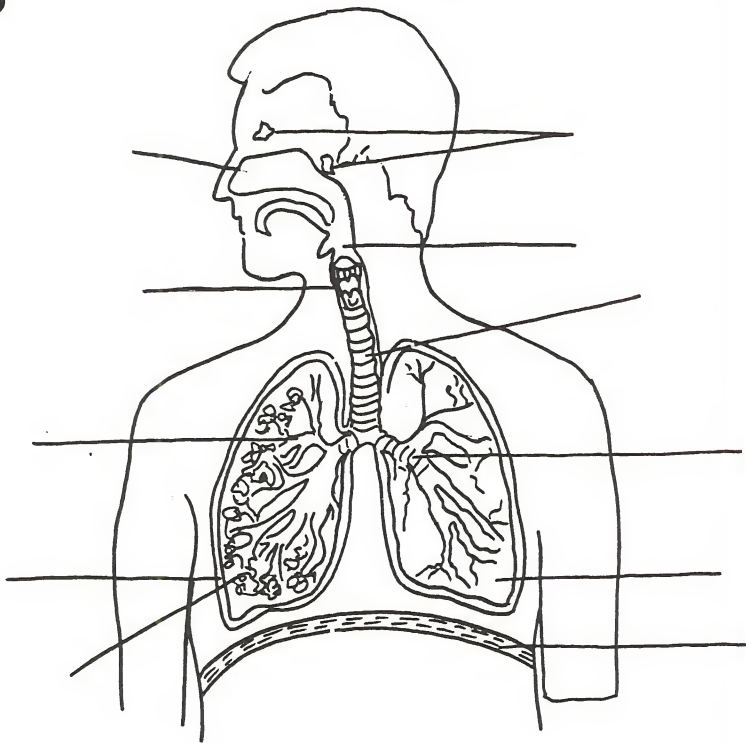
USED WITH PERMISSION: Osness, Donna, & others; Sunflower Project, Respiratory Unit, (Shawnee Mission, Instructional Program Center: 6649 Lamar, Shawnee Mission, KS, n.d.), pp. 29-30.

1. The respiratory system allows us to take _____ into our body and let _____ out.
(oxygen) (carbon dioxide)
2. The body needs _____ to change our food into energy.
(oxygen)
3. Another name for the pharynx is the _____. (throat)
4. The trachea is also called the _____. (wind pipe)
5. In the process of respiration, the major muscle that helps us breathe is called the _____. (diaphragm)
6. Name three parts of the respiratory system. _____,
_____, _____. (possible answers: nasal
cavity, throat, lungs, alveoli, diaphragm, bronchial tubes,
trachea, bronchi, pleura)
7. List three diseases common to the respiratory system.
_____, _____, _____. (possible
answers: emphysema, lung cancer, asthma, tuberculosis,
cold, influenza)
8. How many sinus cavities are in the body? _____ (8)

True or False

9. Respiratory diseases are aggravated by air pollution. (True)
10. Cigarette smoking shortens life. (True)
11. Another word for alveoli is bronchi. (False)
12. Carbon dioxide is a clear fluid. (False)
13. During exercise you breathe faster. (True)
14. Lung cancer is sometimes caused by smoking. (True)
15. The lungs are located in the abdominal cavity. (False)

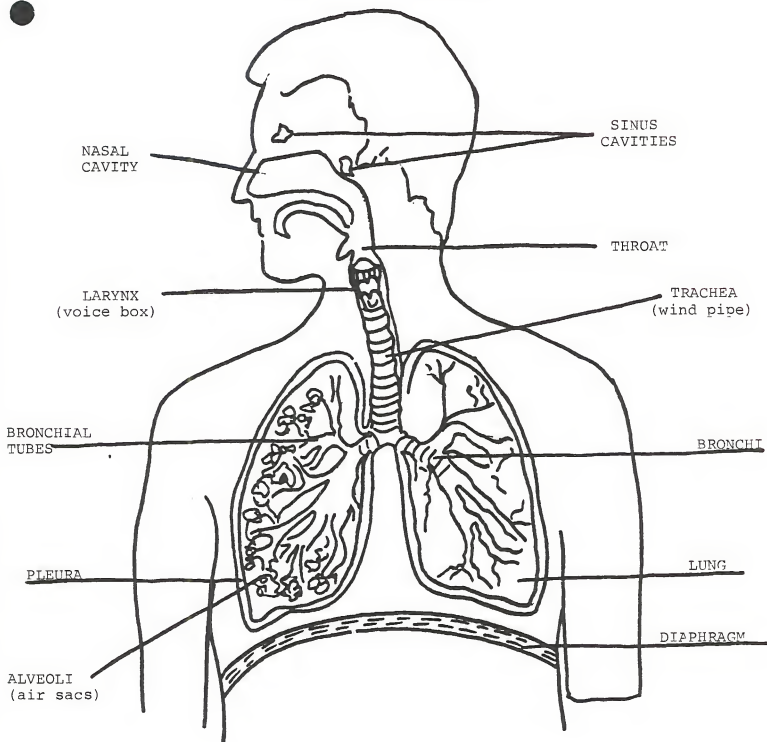
The Respiratory System



Label the chart.

To the teacher: You may want to list the words at the bottom of the activity sheet. This may also be used as a testing measure.

ANSWER SHEET
The Respiratory System



Label the chart.

To the teacher: You may want to list the words at the bottom of the activity sheet. This may also be used as a testing measure.

Key Concept: Awareness of causes and symptoms of respiratory diseases.

RESPIRATORY DISEASES

With a background on how the respiratory system works, students will be able to understand some of the many respiratory diseases and what can be done to prevent some of them.

Activities:

1. Hand out the chart titled "Diseases of the Respiratory System". Hold a discussion about the information in the chart.
2. Play the game "What's Up Doc?"

What's Up Doc?

This activity will be somewhat like playing "Pin the Tail on the Donkey". Make eight "sick boys" from newsprint each labeled with a disease. In a group place cards which have been labeled with the various causes, symptoms, and treatments, of the diseases. The cards may be placed in three separate groups labeling one causes, one symptoms, and the other treatment, or in one pile. The cards should be very specific and duplicates will have to be made for the diseases with common descriptions. Continue drawing cards until all diseases have been fully described. See the sheet for an illustration of how the board should be set up. The students may want to make their own illustrations and cards to be used. They can get their information from the reports done on diseases or from their unit's information sheet on diseases of the Respiratory System.

USED WITH PERMISSION: Osness, Donna & others; Sunflower Project: Respiratory Unit, (Shawnee Mission, Instructional Program Center: 6649 Lamar, Shawnee Mission, KS, n.d.), pp. 41-44.

* Diseases of the Respiratory System

Disease	Cause	Symptoms	Treatment	Prevention
cold	virus	sneezing, runny nose, watery eyes, sore throat, fever and headache, nasal speech	nasal decongestant, aspirin, fluids, bed rest	a balanced diet, rest and exercise, avoid coming in direct contact with people suffering from colds
influenza	virus	same as cold including upset stomach, high fever, diarrhea, chills, muscle aches.	no specific treatment, regular doses of analgesics, fluids, staying warm, bed rest	vaccination, avoid direct contact with person known to have influenza
pneumonia	virus or bacteria	chills, chest pains, cough, high temperature, difficulty breathing	prompt treatment with appropriate medicine (antibiotics), oxygen, rest	no real prevention - common sense rules of hygiene, good health habits
tuberculosis	mycobacterium tuberculosis (bacteria)	cough, weakness, fatigue, loss of appetite, low-grade fever, shortness of breath	rest, hospitalization and concentrated medicine dosage, occasionally surgery	vaccination, rest, proper diet, good health habits
asthma	may be caused by various things: allergy, stress, emotions	shortness of breath, wheezing, can't inhale	decongestants, anti-histamines, injections	avoid allergens, if emotional - remove stress

* An excellent book on this subject is available through the American Lung Association called Introduction To Lung Disease.

Disease	Cause	Symptoms	Treatment	Prevention
emphysema	no known cause, smoking, air pollution may be most common factor.	enlargement of the air sacs and cough, cannot exhale properly	oxygen, rest, inhalents, steroids, humidifying the air	do not smoke, do not be exposed to excessive air pollution, dust and fumes
allergies	an adverse reaction to various items, i.e., pollen, food, weeds, the list is endless	sneezing, itching nose, burning eyes, watery nose and eyes, enlargement of mucus membranes	antihistamines, desensitization injections	avoidance of the known cause of specific item one is allergic to
lung cancer	smoking, pollutants, etc.	persistant cough, spitting blood, weight loss, wheezing, loss of voice, headaches, nausea, chest pain, and others	surgery, radiation, chemotherapy	don't smoke, try not to live in areas where there is a level of high pollutants

What's Up Doc?



Cards would then be placed under each disease - all diseases should have several different causes, symptoms, and treatments. Game is completed when cards are gone. Check the answers.

Key Concept: Awareness of the warning label on cigarette packages.

THE WARNING

The following activities will help students identify reasons why people smoke even though the packages warn against it.

ACTIVITIES:

1. Bring in a package of cigarettes and show the warning by the Surgeon General on the package. Hold a discussion about smoking using the following questions:
 - a. Why do adults smoke?
 - b. Why do teenagers smoke?
 - c. Do you ever plan on smoking?
 - d. Does it bother you when other people smoke?
 - e. Is smoking a habit that can easily be broken?
 - f. How can a person quit smoking?
2. Discuss why people continue to smoke even though there is a warning on the package. Have the students complete the worksheet titled "The Warning Label".

USED WITH PERMISSION: "The Warning Label", American Heart Association, Putting Your Heart Into The Curriculum, Junior High: Grades 6-8, (Montana Division: 510 1st Ave., N., Great Falls, MT, 1982), p. 66.

THE WARNING LABEL

Each package of cigarettes and each ad is required by law to carry the following warning:

WARNING: The Surgeon General has determined that cigarette smoking is dangerous to your health.

Do you think this warning is strong enough?

Rewrite the warning as you think it should be written so that it might have some influence on teenagers.

THE WARNING LABEL

Key Concept: Awareness of how the respiratory system functions.

THE RESPIRATORY SYSTEM

The following activities will help students better understand the respiratory system.

ACTIVITIES:

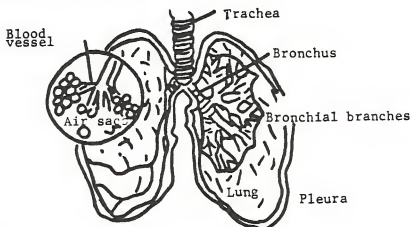
1. Explain to the students that while man can survive for several weeks without food, he cannot survive for more than a few minutes without oxygen. Oxygen is required by all body cells, especially the nerve cells. In the body, oxygen combines with nutrients to produce the energy needed for life. Getting oxygen into the body and blood and relieving them of the gaseous waste product (carbon dioxide) are the main functions of the respiratory system. The principal organs of the respiratory system are the nose, mouth, pharynx, larynx, trachea, lungs and diaphragm.
2. Have the students do the experiment with beef lungs described on the following page.
3. Have the students complete the worksheet titled "Scrambled Words".

USED WITH PERMISSION: Osness, Donna & others; Sunflower Project: Respiratory Unit, (Shawnee Mission, Instructional Program Center: 6649 Lamar, Shawnee Mission, KS, n.d.), pp. 31-32.

BEEF LUNG EXPERIMENT

The following experiment will give students a closer look at the lungs and their contents.

You will need: Beef lungs, scalpel or sharp knife, bowl of water, microscope, slide.



Examine the lungs. Note the shiny protective covering on each. Wet this covering and feel the smooth texture. Rub another section of the lung on this wet area. Why does it slide so easily? Locate the trachea (one of the lung's branches). Feel the cartilage which keeps the tube open. With the scalpel, carefully cut and scrape away pieces of lung tissue to trace the route of one of the air tubes. Observe how the tube branches out into smaller tubes. Where do all the smaller tubes end? Remove a section of lung tissue and place it in a bowl of water. Why does it float? Cut off a tiny piece of lung tissue and examine it under a microscope. Observe the thousands of tiny air bubbles in the air sacs.

Lungs are cone-shaped organs which almost completely fill the chest area. They are soft and spongy to the touch because of the millions of air sacs and tubules they contain. The outer surface of each lung is covered by a moist, smooth membrane called the pleura. This membrane reduces friction as the lungs move about during normal breathing.

SCRAMBLED WORDS

Below you will find ten words which have to do with the passage of air in your body. After you have unscrambled the words, place the numbered letters on the correct line at the bottom of the page to find the surprise word.

unlgs _ _ _ _ 3

eulrap 4 _ _ _ _ _

unsis _ _ 11 _ _

xyraln _ _ 6 _ _ _

haeatr _ _ _ _ _ 2 _

roatht _ _ _ 10 7 _

nsaal tivcay _ _ _ _ _ _ _ _ 8 _

rbnohcail ubset _ _ _ _ _ _ _ _ _ 8 _

rai acss _ 9 _ _ _ _ _

iapdhagrm _ 5 _ _ _ _ _ _ _

Answer: 1 2 3 4 5 6 7 8 9 10 11

Answers: lungs, pleura, sinus, larynx, trachea, throat,
nasal cavity, bronchial tubes, air sacs, diaphragm =
RESPIRATION

Key Concept: Awareness of how smoking affects the body by doing experiments.

SMOKING EXPERIMENTS

The following pages provide various experiments which illustrate the effects of smoking on the body. Some of the experiments can only be done in the science lab. Some can be done almost anywhere.

HOMEMADE TAR EXPERIMENT

The following experiment can be used to illustrate the accumulation of tar in the lungs as a result of smoking.

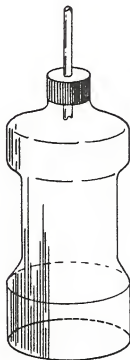
Equipment:

Plastic soap container, or other empty plastic container, transparent if possible.

Ball point pen barrel or other tubing approximately size of a cigarette.

Cotton.

Cigarettes.



Procedure:

Rinse the container thoroughly.

Make an opening in the cap of the container to fit the tubing in to the cap.

Place the tubing in the opening and seal tight with cement or clay if needed.

Insert loosely packed cotton ball into tubing.

Insert cigarette into open end of tubing.

Press firmly on the plastic container to force air out before lighting the cigarette, then proceed with slow and regular pumping action.

Withdraw cotton from tubing to show accumulation of tar.

Pass container around for individuals to smell and to observe that smoke continues to be expelled for a period of time.

SCIENCE LAB TAR EXPERIMENT

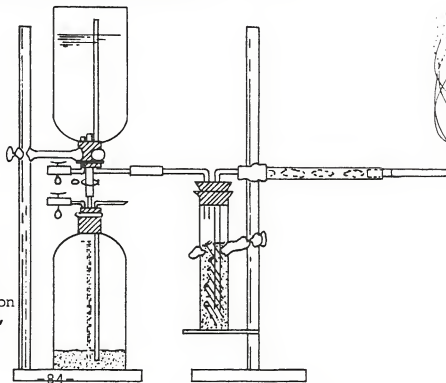
The following experiment will demonstrate the accumulation of tar deposit on the air passages of the smoker.

Equipment:

Ringstand and clamp; pinch clamps; two one-gallon jars; long, narrow flask or bottle; two-holed rubber stoppers to fit jars and flask; six feet of glass tubing; four to five feet of clear plastic tubing; rubber tubing; cigarettes; cotton pellets.

Procedure:

- (1) Place the cotton pellets in a piece of glass tubing so they are not touching each other.
- (2) Set up the equipment as shown in diagram.
- (3) Suction is created by the gravity flow of water from the full jar to the empty one. When all of the water has escaped from the upper jar, it should be replaced by the one which is now full.
- (4) Place a cigarette in the rubber tube at the end of the line issuing from the small flask.
- (5) Remove the pinch clamps (1) and (2) and light the cigarette. The pinch clamp (1) should be released and tightened periodically to simulate a smoker drawing on a cigarette. The smoke should bubble through the water in the small flask.
- (6) As the cigarettes are smoked, tar will collect on the cotton pellets. An empty flask can be substituted for the small water-filled flask to collect smoke.
- (7) If 3 to 4 feet of clear plastic tubing is substituted for collection jars, the accumulation of tar deposits on the air passages of a smoker can be demonstrated.



USED WITH PERMISSION:
American Heart Association,
Putting Your Heart Into The
Curriculum, High School,
Grades 9-12, (Montana Division
510 1st Ave, N., Great Falls,
MT, 1982), p. 149.

BREATHING MODEL EXPERIMENT

This is an experiment that each student in the classroom could do themselves. This experiment demonstrates the process of respiration.

Let's make a breathing model:

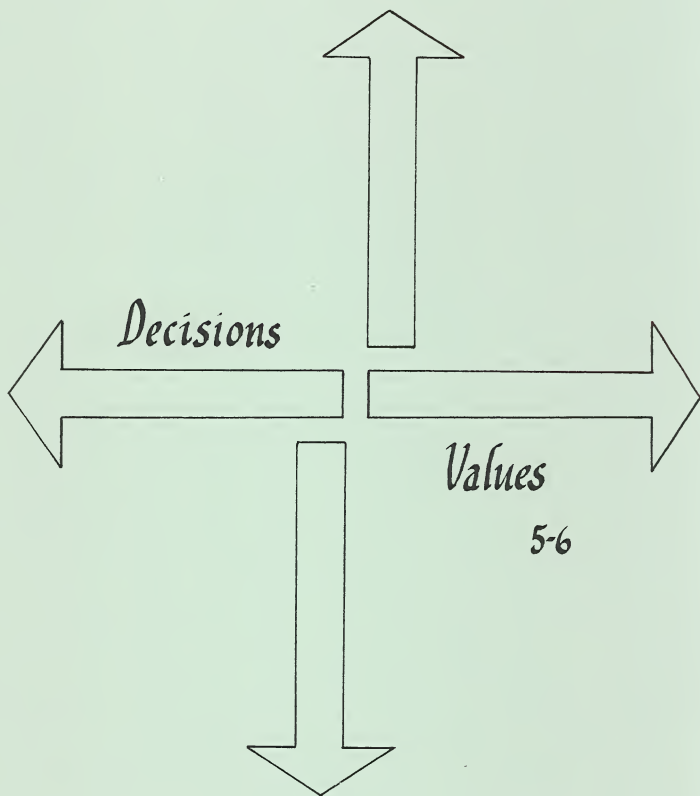
You will need a one quart container, a large nail, plastic straw, balloon, glue, thread, cellophane or plastic wrap, razor or scissors.



Procedure: Cut a $2\frac{1}{2}$ " x $1\frac{3}{4}$ " window in the center of the milk container. Use the nail to poke a hole into the bottom of the container. Push the soda straw into the hole and out through the window. Attach the balloon to the end of the straw and tie firmly with the thread. Pull the straw in until the balloon is directly under the window. Glue the straw into position. Glue a piece of plastic wrap over the window. Glue the container spout shut. Allow to dry. When dry, gently squeeze the container and push the pouring spout in. What happens to the balloon? Release the pressure on the container and pull out on the spout. What changes occur to the balloon? Push in and out on the spout in rapid succession. Observe the movements of the balloon and feel the air moving in and out of the straw. How does the squeezing and relaxing of the milk container affect the air around the balloon? In what way does the model represent the human respiratory system?

Respiration is the process of breathing. This process forces the movement of air both into and out of the lungs so that the carbon dioxide produced by the body may be replaced by fresh air containing abundant oxygen. Lungs by themselves cannot carry on respiration. Air is forced in and out by the movement of the diaphragm and chest muscles which create pressure or a vacuum around the lungs.

USED WITH PERMISSION: Osness, Donna & others; Sunflower Project: Respiratory Unit, (Shawnee Mission, Instructional Program Center: 6649 Lamar, Shawnee Mission, KS, n.d.), p. 35.



DECISIONS AND VALUES

5-6

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following:

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24):

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, p. 19).

1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistently and repetitiously acting on one's beliefs.

Key Concept: Awareness of all the decisions we all make each day.

TO DECIDE OR NOT TO DECIDE

ACTIVITY:

Have the students read the story "To Decide or Not to Decide". Hand out a larger copy of the following grid. Have the students list the five most important decisions that Tommy made that day on the grid.

DECISION	MOST IMPORTANT	2ND MOST IMPORTANT	3RD MOST IMPORTANT	LEAST IMPORTANT
1.				
2.				
3.				
4.				
5.				
6.				

Have the students come up with a list of decisions which Tommy had to make that day. For example:

1. Whether to get out of bed.
2. Whether to brush his teeth and wash his face.
3. What shirt to wear.
4. Whether to eat anything for breakfast.
5. Whether to cheat on his science test.
6. Whether to take Spanish or band next year.
7. Whether to play the "soap-dish game" in the bathroom.
8. Whether to back out of the debate on the energy crisis.

Make a list of the decisions on the blackboard. Have the students list them in the order of importance. Have them indicate why they thought the decisions were important. Have the students compare their list with other people's lists.

USED WITH PERMISSION: Chase, Larry, The Other Side of the Report Card, (Scott, Foresman and Co.: Glenview, IL, 1975), pp. 153-155.

TO DECIDE OR NOT TO DECIDE
(A day in the life of Tommy)

The sound of the newsman announcing the expressway traffic backup is the first sound Tommy hears this very average Tuesday morning. As he slams the top of the clock radio to get a few more minutes sleep, the thought pops into his head that if he doesn't get up he won't have to face the snow, the teachers, and the whining of his sister. He gets up anyway.

By some miracle, young Tom makes it to the bathroom in the dark, finds the light, and stares at the sleepy-looking but rather handsome lad in the mirror. After a brief conversation with his attractive friend, the real Tommy reaches automatically for his toothbrush. It occurs to him that if he skips the brushing and face-washing bit he can avoid having to touch water at least until supper. (He hates water!) "I mean, who would know? Mom would know! She'd probably smell my breath and guess the awful truth - and what about those two cute rah rahs in my science class?" Needless to say, he performs the washing rituals, and we next pick him up staring into his closet. Another decision! If he wears his good old "wear-it-forever" flannel shirt, he'll be ready for the lunch-time football game, but the queen of the house wouldn't approve. And if Miss Breznahan (old "clothes-makes-the man" Breznahan) asks him to debate the causes of the energy crisis, he'll be through. The flannel shirt stays in the closet and we catch up to our hero on the way to the kitchen buttoning his "Mr. Straight" normal sixth-grade boy's shirt. (He is, of course, attired in other appropriate middle-school clothing, including wrinkled Levis, worn-out Earth shoes, and socks that don't match).

All this choosing has taken valuable time, and stopping to eat now would eliminate the possibility of picking on his friend Morris before first period. A tangerine will have to do, and zoom, our hero is off to another day at the place (Kurt Vonnegut Middle School - an open-design school with a French provincial faculty).

The bell announces the beginning of first period. The science teacher announces a test covering last week's stuff and our hero is in trouble. Had he not watched the test pattern on TV til 2 A.M. he would have studied. Ah, well, yesterday's bad decisions are today's depressions. Our hero is in luck, though. One of the cute rah rahs is sitting across the aisle, with her obviously perfect paper in plain view. What will our eleven-and-three-quarter year-old hero do? Her answers must be right. "If I fail this test, I'm sure to be grounded." The penalty pales in comparison. He cheats. Our hero has become an anti-hero (or has he?).

Second period finds Tommy filling out a form for next year's schedule and having to choose between continuing with band or taking Spanish. Maybe he is feeling guilty from the science incident, but the choice is made: leave band and take Spanish.

Between second period and 3:30, Tommy has to decide whether to play the "soap-dish game" in the bathroom instead of going to the Learning Center, whether to play hockey or chase the girls at lunch, and whether to debate the energy crisis today or to wait until tomorrow. (Old Brezzy liked the shirt). As a bell began the day, so does a bell end the day, and our anti-hero rushes home to practice his trombone after declining an invitation to play "guts" frisbee with the second-best frisbee player in the sixth grade. (You will pardon our hero if he prefers to see himself as number one.)

After dinner, Ernie, the brother of one of the cute rah rabs, called and invited Tommy to attend a hockey game Saturday night and, of course, this conflicts with Dad's invitation to go ice fishing overnight. Tommy leaves this decision hanging and turns on the TV as Kung Fu comes into focus, and just before Tommy's brain is totally absorbed, the thought comes into his head that if he studies math instead, he might survive tomorrow's math test.

Finally, as the test pattern sinks slowly into the TV, Tommy decides enough is enough and goes to bed.

Key Concept: Awareness of the risks involved in making decisions.

WEIGHING THE RISKS

The following activity will help students look at the consequences of the decisions that they make. Encouraging students to reflect on the amount of risk involved in making some decisions may help them become better at making wise choices.

ACTIVITY:

Hand out the worksheet titled "Weighing the Risks". After the students have completed the worksheet, have volunteers share times when they have made a bad decision. Help the students examine why they made that decision.

USED WITH PERMISSION: Chase, Larry, The Other Side of the Report Card, (Scott, Foresman and Co.: Glenview, IL, 1975), p. 158.

WEIGHING THE RISKS

Every time we make a decision, we take a risk. So before we make the decision, we should weigh, or consider, the risk involved. Look at the decisions to be made; then write what you think the risks involved are.

DECISIONS TO BE MADE

Whether to cheat on a test.

Whether to go swimming or to
play baseball.

What kind of shoes to buy.

Whether to take art or a foreign
language next year.

Whether to ask a girl for a date.

Whether to fight someone.

Whether to smoke or not.

RISKS INVOLVED

If I don't cheat, I may flunk.
If I do cheat, I may get caught.

Key Concept: Awareness of how our decisions affect others.

OUR DECISIONS & OTHERS

Reflection on how the students' decisions will affect others will help them become more sensitive in their decision-making process.

ACTIVITY:

Hand out the worksheet titled "Considering The Feelings Of Others When Making A Decision". After the students have completed the worksheet, break the class into small groups and have the students discuss their answers.

USED WITH PERMISSION: Chase, Larry, The Other Side of the Report Card, (Scott, Foresman and Co.: Glenview, IL, 1975), p. 160.

CONSIDERING THE FEELINGS OF OTHERS
WHEN MAKING A DECISION

Before we make a decision, we should consider how that choice will affect others and their feelings. In the following situations, tell whose feelings should be considered in each case and why. (You may need to consider more than one person's feelings in a given case.)

1. Walking home from school, Pam and Cindy find a kitten. Both girls want to take it home with them.

2. Jan asks Carol to go swimming with her. Carol agrees to go, then she calls her cousin and invites her, without discussing it with Jan.

3. Sheryl wants to bring her guinea pig (which doesn't have a cage) to science class.

4. Jim offers to give you some permanent decals (which he doesn't think his big sister wants anymore) to put on your bedroom wall.

5. A friend's dog has just had puppies; you can have one free.

(This exercise can either be done individually or in small groups and can be discussed later as a class.)

Key Concept: Awareness of how our values affect the type of jobs we would enjoy.

A JOB FOR ME?

Students need to understand that the decisions which they make based on their likes and dislikes will help determine the types of jobs that they would enjoy. The following activity will help students clarify their values and help them become aware of the decisions that are made in selecting a job. Choosing activities that one enjoys lessens the stress involved in doing that job; hence it is less likely that the person will need to smoke or use tobacco to relieve the tension.

ACTIVITY:

Hand out the worksheet titled "A Job For Me?". Have the students check the statements on the worksheet that describe their likes. Have them share their choices with a small group or with the class. Then have each student try to think of as many jobs as possible that fit his or her individual characteristics.

USED WITH PERMISSION: "A Job For Me", Smith, Arden & others, Giving Kids A Piece of the Action, (TACT: Doylestown, PA, 1977), p. 63.

"A JOB FOR ME?"

Check the statements below that describe your likes and dislikes.

- _____ Like to read a lot
- _____ Like to write a lot
- _____ Like to do math a lot
- _____ Like the arts (music, art, dance, acting)
- _____ Like to be alone most of the time
- _____ Like to be outside most of the time
- _____ Like to be with people most of the time
- _____ Like to be inside most of the time
- _____ Like to do active things
- _____ Like quiet activities
- _____ Like to work on a team
- _____ Like to compete individually
- _____ Like to make things with my hands
- _____ Like to be in the city
- _____ Like to be in a small town or suburbs
- _____ Like to be in the country
- _____ Like to work with adults
- _____ Like to work with children
- _____ Like to think of new ideas and new ways to do them
- _____ Like to carry out ideas other people have thought of
- _____ Like to make most decisions on my own
- _____ Like to have decisions made for me
- _____ Like to work during the day
- _____ Like to work at night
- _____ Like to go to school
- _____ Would like to go for more training in my area of choice

Five jobs I think I would like are:

*Self
Concept*



5-6

SELF-CONCEPTS

Although peer pressure is usually the major reason students begin using tobacco, this is not necessarily the reason they continue using it. Along with developing a physical dependence on the nicotine, they also develop a psychological dependence on the feeling of well-being they experience when they use it. In order to prevent this psychological dependence on tobacco, it is crucial that students develop positive self-concepts before they become involved with it. The process of developing the self-esteem of students includes activities which do the following (It Starts With People, p. 24):

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves with others.
3. Help students accept individual differences.

Key Concept: Understanding oneself by a personal self-evaluation. Clarification of values.

SELF-EVALUATION

The following activity will help students understand themselves better, clarify their values, and feel good about themselves.

ACTIVITY:

Hand out the worksheet titled "Personal Self-Evaluation By Class Members." After the students have filled out the worksheet, have them write a statement (possibly in a journal) of something they learned about themselves and how they feel about it.

USED WITH PERMISSION: "Personal Evaluation By Class Members", Smith, Arden & others: Giving Kids A Piece of the Action, (TACT: Doylestown, PA, 1977), pp. 112-113.

PERSONAL SELF-EVALUATIONS BY CLASS MEMBERS

Some teachers might like to have children do some in-depth self-evaluations. These can help teachers to learn more about their students. Using such a self-evaluation can also help students to gain greater understanding of themselves.

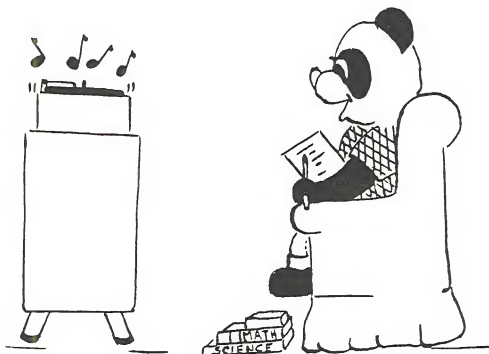
What Am I Like? (Grades 4-6)

Check the one that fits you best.

1. Do I (a) like to work with others? _____
(b) like to work alone? _____
2. Do I (a) do my homework without being reminded? _____
(b) need to be told to do my homework? _____
3. Do I (a) like to do things so people will look at me and notice me? _____
(b) like to do things quietly by myself? _____
4. Do I (a) like to find out how things work? _____
(b) like to just work with things as they are? _____
5. Do I (a) like to know assignments and jobs way ahead of time? _____
(b) like to be told just in time to complete the project? _____
6. Do I (a) like to work quietly without interruptions? _____
(b) feel interruptions don't bother me? _____
7. Do I (a) like to arrange things so they are useful? _____
(b) like to arrange things so they are beautiful? _____
8. Do I (a) like to tell people how I feel? _____
(b) keep these feelings to myself? _____

9. Do I (a) like to spend more time alone? _____
(b) like to spend more time with my friends? _____
10. Do I (a) like to plan my own work schedule? _____
(b) like to be told what to do and when to do it? _____
11. Do I (a) like to work in a quiet area? _____
(b) like to work around noise? _____
12. Do I (a) like to be told how to do certain jobs? _____
(b) want to find out for myself the best way to do the job? _____

Read your answers. Try to think of jobs which would fit your likes. List five of these jobs.



Key Concept: Enhancement of self-esteem.

MY GLURP

ACTIVITY:

Explain to the students that a "GLURP" is something that one prizes, enjoys and feels proud about. Each letter in "GLURP" stands for something about us.

G = something you are good at

L = something you like

U = something you do umpteen times without getting bored

R = something that releases your energy

P = something that you are proud of

An example of one person's GLURP is as follows:

"My GLURP is gathering seed pods, mushrooms, and unusual grasses and weeds which are preserved and pasted in strips of old barn siding. The strips make beautiful wall hangings. In fact, some of the wall hangings I give away. I feel proud when I see my work in someone's house."

Have the students write their own GLURP on the following worksheet. Later have the students share their GLURP'S with the rest of the class.

USED WITH PERMISSION: Stanish, Bob; Connecting Rainbows, (Good Apple, Inc.: Carthage, IL, 1982), pp. 65-66.

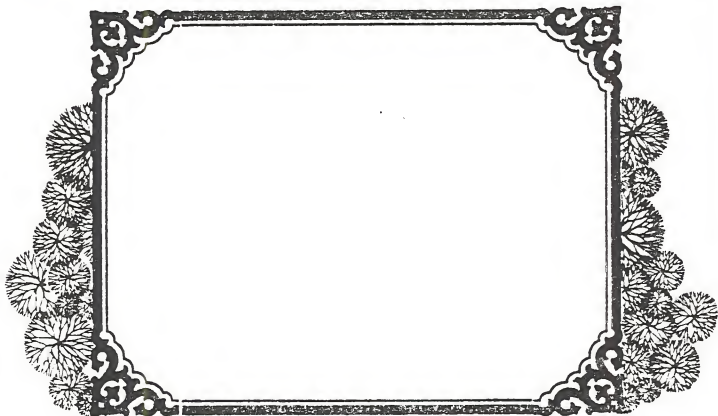
My GLURP



What's a GLURP? A **GLURP** is something you're good at; something you like; something you could do umpteen times without getting bored; something that releases your energy, and something you're proud of.

My GLURP is _____

Paste a class photo of you within the picture frame.
Finish the picture by drawing yourself doing your **GLURP**!



Key Concept: Enhancement of self-concepts.

MY COAT OF ARMS

ACTIVITY:

Discuss how symbols are used in corporation logos or on football helmets for communicating messages. During the Middle Ages some families created coats of arms to describe family achievements, vocations, and beliefs.

Provide copies of the worksheet titled "My Coat of Arms." Write the following instructions on the chalkboard.

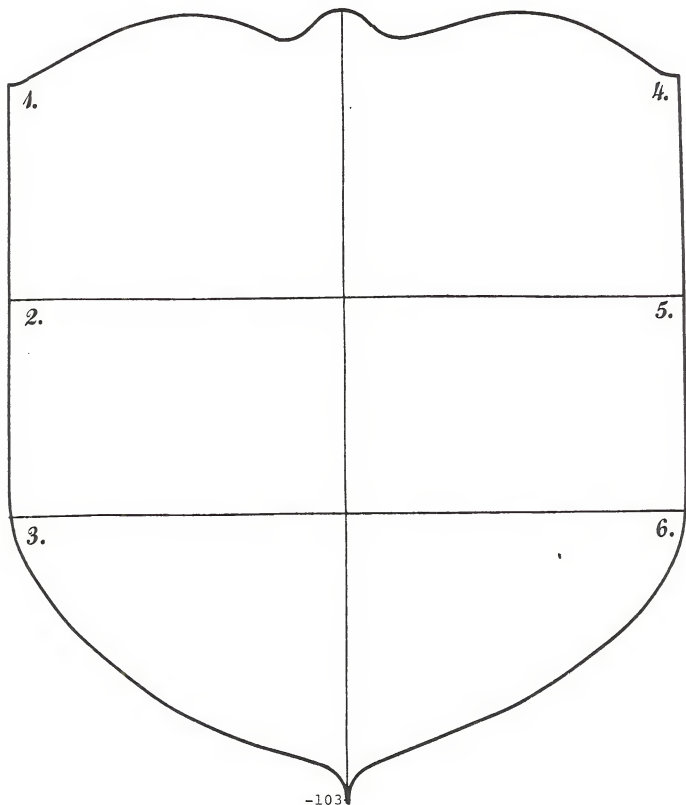
1. In space number 1, print your full name in a very special way.
2. In space 2, express in a drawing something that would best describe you.
3. In space number 3, express in a drawing something that might describe what you will be doing fifteen years from now.
4. In space number 4, express in a drawing a very special wish or dream you have.
5. In space number 5, express in a drawing a special achievement you have achieved.
6. In space number 6, express in a drawing a special memory or event in your life.

Provide time for each student to describe his own coat of arms to the entire class. Display all coats of arms in the classroom.

USED WITH PERMISSION: Stanish, Bob, Connecting Rainbows, (Good Apple, Inc.: Carthage, IL, 1982), pp. 69-70.



MY COAT OF ARMS



Key Concept: Awareness of decisions made based on outward appearance and how that affects our self-esteem.

THE GREEN OG

At the 5th and 6th grade level, many decisions are made on outward appearance. At the same time, the students are reaching pre-adolescent years where a lot of change is taking place in their bodies. The following activities will help students look at the effects of judging something by outward appearance only, and how that affects our self-esteem.

ACTIVITIES:

1. Hand out a copy of the worksheet "The Green Og" to each student. Before holding a discussion, have the students complete the worksheet. Then ask the following questions:
 - a. What did you do with your "Green Og"?
 - b. What did you base your decision on? Appearance?
 - c. How did you feel about doing that?
 - d. Have you ever felt like a "Green Og"?
 - e. How would you like to be treated if you were the "Green Og"?
2. Hold a discussion on how society places so much emphasis on outward appearance that we often fail to see what is on the inside.

USED WITH PERMISSION: Stanish, Bob; Connecting Rainbows, (Good Apple, Inc.: Carthage, IL, 1982), p. 54.

THE GREEN OG

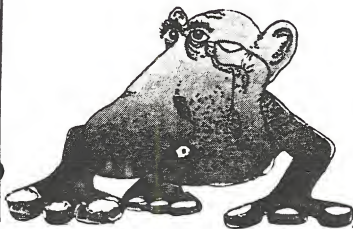
This is a green og. It's half human and half animal.

The green og is the last of its kind. Some want to destroy it because of its ugliness. Some would buy tickets to see it. Some zoos would love to exhibit it. Some would feature it in horror films, while others want it for medical research.

The green og is given to you!

What will you do with it?

Why?



Key Concept: Expression of personhood with items from home.

"WHO'S IN THE BAG?"

Our personal belongings can tell alot about us as individuals. The following activity is a way of illustrating this.

ACTIVITY:

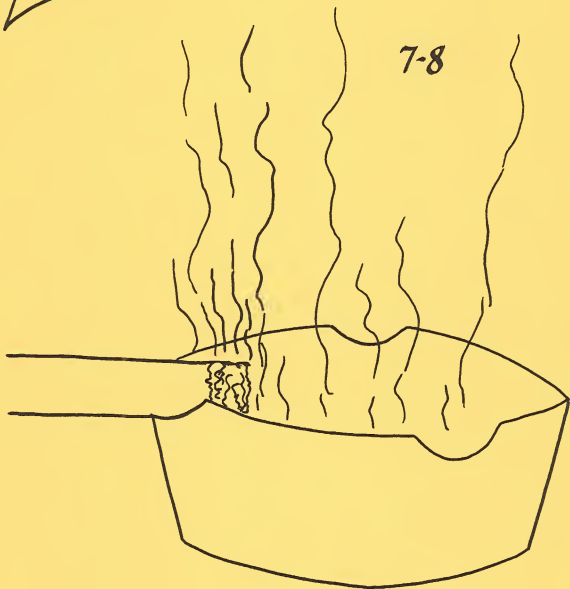
Ask each student to bring an unmarked grocery bag from home and to give it to the teacher. The bag is to contain five or ten items from the student's home that "say something about who the student is". During the class period, the teacher empties one bag at a time before the class. The students are to react to the contents of the bag before guessing the identity of its owner. Was the bag brought in by a boy or a girl? How can you tell? What kinds of activities does this person enjoy? Is she/he an indoor person or an outdoor person? Why do you think she/he chose the items that are in the bag? What one item in the bag do you think she/he is especially proud of? By this time, most of the students will probably be calling out the name of the suspected bag filler. Before having the person identify him/herself it is fun to say, "O.K., on the count of three everybody point to the person who you think belongs to this bag!" When arms are pointed in all directions, a lively discussion can follow.

This exercise is especially appropriate for elementary age students. Older students, however, also enjoy the recognition that results from such a "show and tell".

USED WITH PERMISSION: Gately, Chris & others, Ombudsman: A Classroom Community, (Charlotte Drug Education Center, Inc.: Charlotte, North Carolina, 1975), p. 38.

Tobacco Education

7-8



TOBACCO EDUCATION

7-8

Although less focus should be given to facts about tobacco use at this level, some facts are needed to help students clarify their values about tobacco use. The major emphasis of tobacco education at this age should deal with those factors which are influencing the students' decisions about tobacco use. Some of those influences are as follows:

1. Health aspects: the problem of addiction, the effects of smoking on the heart, etc.
2. The mass media.
3. Peer influence (the greatest amount of attention should be placed here since peer pressure is the major influence over students at this age).

Key Concept: Awareness of some facts about teenage smoking.

TEENAGE SMOKING

Introduce the unit on tobacco by handing out a copy of the page titled "Facts About Teenage Smoking". Hold a brainstorming session about why teenagers smoke.

USED WITH PERMISSION: "Fact Sheet About Teenage Smoking", American Heart Association, Putting Your Heart Into The Curriculum, Junior High: Grades 6-8: (Montana Division: 510 1st Ave. N., Great Falls, MT, 1982), p. 67.

FACT SHEET ABOUT TEENAGE SMOKING

Objective: Can be used to introduce unit to class, to answer questions from class, or to follow up three-day unit.

What are the teenage smoking patterns of today?

- There has been a decrease in smoking rates of teenagers.
- For the first time, however, there are higher rates of smoking for teenage girls than teenage boys.
- Only a very small group of teenagers smoke (about 1 in 6).

Which teenagers tend to smoke?

- Teenagers from single parent families.
- Teenagers whose parents smoke.
- Teenagers whose older brothers and sisters smoke.
- Teenagers who are employed outside the home.
- Teenagers who are "C" or lower students.

What about peer pressure to smoke?

People, including teenagers, who have common interests tend to associate with each other. If the group that the teenager sees himself/herself a member of - or would like to be a member of - embraces that lifestyle, the teenager will also embrace that lifestyle.

- Teenagers who belong to groups which do not smoke have little or no peer pressure to smoke.

What do teenagers say?

- Teenagers are well aware of the threat of smoking to health.
- Teenagers who have not already started to smoke do not intend to do so.
- Teenagers believe it is all right to smoke as long as you don't get hooked.
- 85% of teenagers who have started to smoke do not intend to be smokers in five years.
- Teenagers believe non-smokers have rights.

There is a difference in attitudes between smokers and non-smokers. Smokers have much more permissive attitudes toward others smoking than do non-smokers.

Key Concept: Awareness of peer pressure and smoking.

PEER PRESSURE AND SMOKING

At the elementary level, the greatest factor in determining student's attitudes towards smoking is the parents. At the junior high level, peers become the greatest determining factor. Students need help in coping with peer pressure in this area.

ACTIVITY:

1. Break the class into small groups and have them discuss the following questions.
 - a. What kinds of pressures are put on you to smoke?
 - b. Where do you see these pressures happening?
 - c. What do you feel you can do about it?
 - d. Do adults have the same kinds of pressures put on them?
 - e. How do adults meet such pressures?
2. Have the students complete the following statement privately.

IF I (OR WHEN I) AM PRESSURED TO HAVE A
CIGARETTE, I WILL _____

USED WITH PERMISSION: American Heart Association, Putting Your Heart Into The Curriculum, Junior High: Grades 6-8, (Montana Division: 510 1st Ave. N., Great Falls, MT, 1982), p. 49.

Key Concept: Awareness of various ways to deal with peer pressure.

DEALING WITH PEER PRESSURE

Many times as educators we talk a lot about how peer pressure is a tough thing for students to deal with but often we do not have any suggestions of how to deal with it. If students are to be able to resist peer pressure, then they need strategies for doing so.

ACTIVITIES:

1. Hand out the article titled "How to Respond to Pressures to Smoke". After the students have read the article, hold a discussion about the strategies listed in the article. Role play how each of these strategies could be used.
2. Have the students complete the worksheet titled "Prepare Your Strategy".

USED WITH PERMISSION: "How to Respond to Pressures to Smoke" and "Prepare Your Strategy", Ratain, Giselle Heiman & others; Smoking Deserves A Smart Answer: Adolescent Smoking Prevention Resource Guide, (American Lung Association: 1740 Broadway, New York, NY, 1983), pp. 13, 17.

name _____

Prepare Your Strategy

Here are situations in which you might be pressured to smoke.
Describe what strategy you would use and what you would say.

Situation

You are visiting at your cousin's house. You and your cousin go to a nearby park. Your cousin lights up a cigarette and offers you one. Your cousin says his parents don't care if he smokes.

Strategy

What I'd say: _____

Situation

You and your friends are on your way home from school and stop at a store. One of your friends buys some cigarettes. Some boys/girls you would like to date are hanging around the store. Your friend offers you a cigarette.

Strategy

What I'd say: _____

Situation

Describe a situation in which you might be pressured to smoke.

Strategy

What I'd say: _____

How To Respond To Pressures To Smoke

There are many situations in which young people find themselves pressured to do things that they normally wouldn't do. Here are some ways to successfully resist pressures to smoke.

Steps To Take

1. *Stop and Think* Whenever someone asks you to do something, stop and think whether it is something you want to do or whether you are being pressured.
2. Decide on a strategy to resist the pressure.
3. Repeat your strategy if it doesn't work the first time, or try another strategy.
4. Remember—*most people don't smoke.*

Strategies

Humor

The humorous strategy is the strategy used in the Smoking Deserves A Smart Answer posters. *Example:*

- "C'mon, I'll teach you how to smoke!"
"No, thanks! I'm still practicing how to breathe."

Assertive Strategy

An assertive response is saying what you honestly think without making the other person feel badly. You should feel confident in expressing your point of view. *Example:*

- "No, thanks. I don't smoke."

Use Your Credit

This strategy questions your friendships—do you like me for me, or only if I smoke?
Examples:

- "You mean I have to smoke to be your friend?"
- "I like you guys and want to be around you, but not if I have to smoke."
- "No, you shouldn't force me to smoke."
- "I don't really think you want me to do something I don't want to do."

Delay The Decision

This strategy avoids the decision to smoke or not to smoke, at that given time. *Examples:*

- "Do I have to decide right now?"
- "Do I have to smoke now?"
- "I don't feel like it right now"

Recruit A Friend

In this strategy, a friend or ally who will take your side is recruited. *Examples:*

- "Do you think I should try it?"
- "Do you think they are right?"
- "Do you go along with what they want me to do?"
- "Are you going to smoke?"

Change the Subject

- "Why don't we play basketball instead?"

Key Concept: Awareness of the impact of advertising on the use of tobacco.

ADVERTISING AND TOBACCO USE

Although the media are well aware of the dangers of smoking, their main goal is to sell their product. The media make great use of the fact that teenagers are greatly influenced by their peers. Students need to become aware of what the media are doing to try to influence their decisions about smoking.

ACTIVITIES:

1. Have the students go through magazines and cut out advertisements about smoking. Have them also draw pictures of advertisements which they have seen other places such as on billboards. Hold a discussion about what the media are trying to sell in these advertisements.
2. Hand out the worksheet titled "Advertisements' Big Sell". After the students have completed the worksheets, break the class into small groups and have them share what they wrote.

USED WITH PERMISSION: "Advertisements' Big Sell", American Heart Association, Putting Your Heart Into The Curriculum, Junior High, Grades 6-8, (Montana Division: 510 1st Ave. N., Great Falls, MT, 1982), pp. 56-57.

ADVERTISEMENT'S BIG SELL
Activity Sheet

Most cigarette ads use a theme to sell their cigarettes. These themes have hidden messages. Some of these themes and their hidden messages are:

THEME	HIDDEN MESSAGE
Being part of the crowd	"If you smoke these cigarettes, you will be popular and have many friends"
Relaxation	"Smoking these cigarettes will help you relax and be calm"
Beauty	"Smoking these cigarettes will make you look beautiful/handsome"
Out-of-doors/Nature	"Smoking these cigarettes is like a breath of fresh air"
Low tar/low nicotine	"These cigarettes are safe for you to smoke"
Independence	"Smoking these cigarettes will give you freedom"
Ruggedness	"If you smoke these cigarettes, you are tough, not afraid of cancer or heart disease"

Now that you know the themes/hidden messages, fill out the chart below for the ads that you have in your group.

CIGARETTE BRAND NAME	THEME

ADVERTISEMENTS' BIG SELL
(Continued)

Answer the following questions about your ads:

1. Which themes were used most often?
 - a.
 - b.
 - c.
 - d.
2. Which ads would be most liked by young people?
 - a.
 - b.
 - c.
3. Which ads would be most liked by women?
 - a.
 - b.
 - c.
4. Which ads would be most liked by men?
 - a.
 - b.
 - c.

Key Concept: Awareness of how many students smoke and what the school policies are about smoking.

SMOKING SURVEY

Statistics indicate that less than one-third of the population smokes today. Smokers are in the minority. The following activities will help students look at the extent of tobacco use in their school and help them reflect on what their feelings are about the school smoking policy.

ACTIVITIES:

1. Take a survey to determine what percentage of the students smoke. After getting permission from the school principal, take a class period to send the students out to all the other classes to hand out a survey questionnaire to determine how many students smoke. The questions on the questionnaire may include the following:
 - a. Do you smoke? _____ YES _____ NO
 - b. What do you smoke? CIGARETTES PIPE MARIJUANA
 - c. How often do you smoke? NEVER SOMETIMES OFTEN
 - d. Why do you smoke or not smoke? _____
2. From the survey, determine what percentage of the students smoke, what is most frequently smoked, and what is the most common reason for smoking or not smoking.
3. Hold a discussion on what the school policy is about smoking and decide whether it should be changed or not.

Key Concept: Awareness of the financial cost of tobacco use.

COUNTING THE COST

In developing attitudes toward tobacco use, students need to look at the financial cost of a habit such as smoking and consider alternative uses for that money.

ACTIVITIES:

1. Have the students interview at least three individuals who smoke and find out how many packs of cigarettes they smoke per week. For each individual, determine how much money they spend a month and a year on cigarettes.
2. Have the students reflect on what they would do with that money if they were given that much a month or year. Hand out a worksheet with the following statements for the students to fill out.

IF I HAD \$ _____ A WEEK, I WOULD _____

IF I HAD \$ _____ A MONTH, I WOULD _____

IF I HAD \$ _____ A YEAR I WOULD _____

Key Concept: Awareness of how tobacco use becomes an addiction.

THE TOBACCO ADDICTION

It is a common belief among young people that they will be able to quit using tobacco any time they feel like it. Few realize the physical addiction that comes with smoking.

ACTIVITIES:

1. Hold a discussion on what a physical addiction is and how smokers develop a craving for nicotine. Ask the students if they have known anyone who has tried to quit smoking and could not.
2. Have the students interview a teenager and an older person who smokes. Have them ask these individuals how they started smoking, how many cigarettes they smoke a day, if they have ever tried to quit, and how much money they spend a week on cigarettes. Have the students identify similarities and differences between these two individuals.
3. Have students interview a teenager and an older person who have stopped smoking. Have them draw a comparison between the two.
4. Discuss the various physical problems that develop from tobacco use and the view that "It will never happen to me!"

Key Concept: Awareness of the effects of smoking on the heart.

YOUR HEART AND SMOKING

At the younger grades, most of the information provided was on how smoking affects the lungs. The following is information about how smoking affects the heart.

ACTIVITIES:

1. Hand out the article titled "About Your Heart and Smoking." Have the students read the article and hold a class discussion about it.
2. Do an experiment to determine the effects of smoking on a person's pulse rate. Have an individual come to class who normally smokes cigarettes (a parent or a teacher). Have the individual sit for at least ten minutes before taking their pulse. Take the pulse before the person smokes, after the person has taken 3-4 puffs, immediately after the entire cigarette is smoked, and every 15 minutes after the cigarette is smoked until the pulse rate returns to normal. Hold a discussion on what is happening to the body.

USED WITH PERMISSION: "About Your Heart and Smoking", American Heart Association, Putting Your Heart Into the Curriculum, Junior High, Grades 6-8, (Montana Division: 510 1st Ave. N., Great Falls, MT, 1982), pp. 73-74, 76.

ABOUT YOUR HEART AND SMOKING

Look closely at a package of cigarettes. There is a warning label on each pack that says, "cigarette smoking is dangerous to your health." The government makes sure cigarette companies print the warning because scientists have found that smoking is a factor in about 325,000 deaths a year. Most of these deaths involve heart and blood vessel diseases.

YOUR HEART AND BLOOD VESSELS

Your heart is a very strong muscle that pumps blood through miles and miles of blood vessels to every part of your body. Blood vessels are soft, elastic tubes that stretch or expand to make room for the blood to flow through them.

The three main types of blood vessels are arteries, veins, and capillaries. Some of your arteries and veins are as big around as your thumb, and some are almost too small to see. Capillaries, the tiniest blood vessels of all, are smaller than a single hair.

The three types of blood vessels have different functions. The arteries carry blood from the heart to all parts of the body. They branch out many times and end at the capillaries where nutrients and oxygen leave the bloodstream and nourish the body's cells. Waste products and carbon dioxide from the cells are transported by the capillaries to the veins. The veins then return the unoxygenated blood to the heart, which then sends it to the lungs for oxygenation.

Your heart, together with the arteries, veins and capillaries make up the cardiovascular system.

WHAT HAPPENS WHEN A PERSON SMOKES?

When a person smokes a cigarette, the nicotine in tobacco tends to make the heart beat faster. As a result, the heart is forced to work harder and needs more oxygen. To add to the problem, the carbon monoxide gas produced by tobacco smoke in your lungs cuts down on the amount of oxygen available to the heart and bloodstream. At the moment the body needs more oxygen, it has less. At the same time, smoking raises blood pressure by narrowing the blood vessels and making the heart beat faster.

While the reasons are not clear, scientists have discovered that smokers are more likely than non-smokers to develop a disease called atherosclerosis.

WHAT IS ATHEROSCLEROSIS?

Atherosclerosis is a buildup of fatty deposits on the inner walls of the arteries. These deposits narrow the blood vessels. The heart must then work harder to pump blood through the narrowed blood vessels.

Atherosclerosis is the major cause of heart attack and stroke. The arteries get so clogged with fatty deposits that they close up and won't permit the blood to flow through. The fatty deposits can become so large that they close the blood vessel completely, or, a blood clot can form on the rough surface of the fatty deposit which also can block the artery. When this happens to an artery within the heart (a coronary artery), a heart attack occurs. When it happens to an artery which supplies blood to the brain, a stroke occurs.

DOES SMOKING INCREASE THE RISK OF HEART ATTACK?

People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than people who have never smoked. The risk for people who smoke more than a pack a day is three times greater. Also, the earlier a person starts smoking, the greater the risk of heart attack.

ARE LOW TAR AND NICOTINE CIGARETTES SAFE?

No cigarettes are safe! The low tar and nicotine cigarettes may not be as harmful as those high in tar and nicotine, but any cigarette increases your risk.

WHY DO PEOPLE SMOKE?

Many people start to smoke when they are teenagers. Many have said they started because of pressure to smoke from their friends or because their parents smoke. Also, when older brothers and sisters smoke, teenagers are more than three times as likely to smoke. Smoking is easier because cigarettes, ashtrays and matches are readily available.

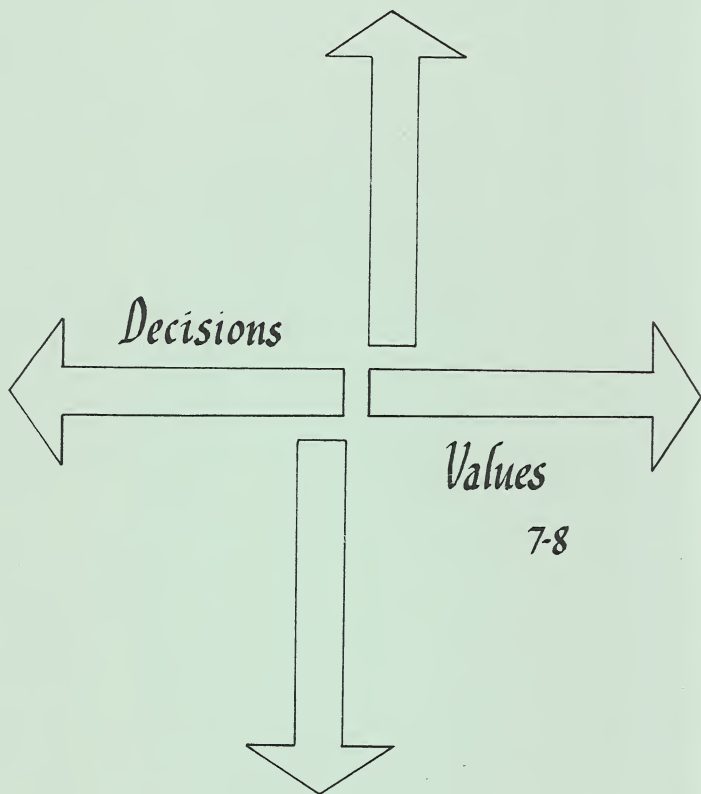
THE BIG SELL

Let's face it. Cigarette companies want your money. They spend about \$800 million a year on advertising to sell their cigarettes. These companies use advertising that is especially designed to make cigarettes seem desirable. Some advertisements suggest that smoking a certain brand of cigarettes will make you independent and free, while others imply their brand will make you tough and rugged! Still others hint at instant popularity with every puff.

When you see a magazine advertisement picturing a beautifully-dressed couple sitting in an expensive restaurant smoking a certain brand of cigarettes, what do you think? The advertising company hopes you will see the important couple and want to be like them and have what they have. They hope you will unconsciously think that buying their brand of cigarettes will give you status. When you buy their cigarettes after seeing the advertisement, the advertising company has made you believe what they wanted you to.

HOW CAN I SAY "NO"?

If you decide against smoking, you won't be alone. Most teenagers reject smoking. In fact, only 12 percent of all teenagers in America are smokers.



DECISIONS AND VALUES

7-8

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following:

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24):

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, p. 19).

1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistently and repetitiously acting on one's beliefs.

Key Concept: Clarifying values concerning smoking through role plays.

ROLE PLAYS

Role playing has been identified as an effective way to help students clarify their values about smoking.

ACTIVITY:

Use the role playing situations on the following page to get students involved in thinking about how they would react in various situations. Later have the students create and role play situations which are more applicable to their lives.

USED WITH PERMISSION: "Role Play Situations", Ratain, Giselle Heiman & others: Smoking Deserves A Smart Answer: Adolescent Smoking Prevention Resource Guide; (American Lung Association: 1740 Broadway, New York, NY, 1983), pp. 15-16.

Roleplay Situation Sheet

Situation 1: Peer Pressure

Parts: Narrator, Linda, Marsha, Ron, Charlie

Narrator: Linda and Marsha are invited to a party; they meet Ron and Charlie. They sit around and talk for a while and then the boys start smoking cigarettes. Ron asks Linda and Marsha if they want to smoke one, too. Linda and Marsha have never tried a cigarette and don't really want to take them up on the offer. How should Linda and Marsha respond to the pressures to smoke?

Linda: You have never smoked before because you are concerned about your health and what your parents would do if they found out. You must try to counter Ron and Charlie's pressure to smoke.

Marsha: You have never smoked before and are somewhat curious as to what it would be like.

Ron: You have been smoking for the past two years. You present an argument why the girls should smoke cigarettes.

Charlie: You just started smoking recently because Ron smokes. You also like Linda a whole lot.



Situation 2: Older Sibling

Parts: Narrator, Carl, Hal, Brett, Matthew


Narrator: Carl and Hal are working in the garage on their bikes. Carl's older brother, Matthew, and his friend, Brett, come by the garage to see what they are doing. Matthew and Brett light up a cigarette and tell Carl and Hal that it's time they tried one. Carl and Hal don't really want to smoke but they are a little scared of these two older boys. What should they do or say to respond to the pressure to smoke?

Carl: You have never smoked and do not want to start, but you don't want to displease your older brother who is bigger and stronger.

Hal: You have never smoked either. You are afraid of what Carl's brother will do if you don't listen to him and smoke a cigarette.

Matthew: You are very big and strong. You have smoked for a little more than a year because you feel it makes you look and act more grown-up.

Brett: You are the bully of the neighborhood. You think that everyone should try smoking or otherwise he is a chicken.



Situation 3: Parental Influence

Parts: Narrator, Mom, Ann, Denise, Steven

Narrator: Ann, Denise, and Steven are working on a homework project for school. They all meet at Ann's house to work on the project. Ann's mom fixes them all a snack, has a cigarette, and leaves on an errand. Ann sees the pack of cigarettes that her mom has left lying on the kitchen table. Ann thinks they should try one and convinces Denise also. Neither of them has ever smoked. Steven thinks it's a bad idea. What should he say to respond to the pressures to smoke?

Mom: You have been a smoker for 20 years. You would like to stop but can't. You have told your children that you don't want them to smoke and trust that they won't.

Ann: You are the leader of the group. Whatever you say or do, most everyone follows because they look up to you. You think smoking would make you look grown-up.

Denise: You don't want to get in trouble but you always do what Ann suggests. Besides, you think smoking will make you popular with your friends.

Steven: You don't think smoking is a good idea. You are concerned Ann's mom will find out and tell your parents. You also want to stay friends with Denise and Ann.

Situation 4: Mass Media

Parts: Narrator, Joan, Judy, Rose, Terri


Narrator: Joan, Judy, Rose, and Terri have just seen a movie starring their favorite actress. They decide that they would like to be glamorous just like her. Joan suggests a change in hairstyle, Judy recommends a different style of clothes, and Rose thinks they should take up smoking cigarettes. Joan and Judy aren't sure about Rose's suggestion. Terri doesn't like the idea at all. How should she respond to the pressures to smoke?

Joan: You like to dream about being a movie star. You always try to look like those famous stars. Smoking isn't something you like, but . . .

Judy: You and Rose are best friends. You aren't sure whether to follow her suggestion or not.

Rose: You are convinced that smoking will make you just like the movie star; it certainly will make you more attractive, grown-up, and popular. Besides, if so-and-so does it, it must be all right.

Terri: You are against smoking. You feel that the media is trying to persuade you to smoke because this famous star is smoking. You do not feel smoking changes your appearance or makes you more popular.



Situation 5: Smoking is Pleasurable

Parts: Narrator, Robin, Neil, Bruce, Anne


Narrator: Robin, Neil, Bruce, and Anne decide to meet at the park for a picnic. After some time, Anne sits down under a tree, takes out a pack of cigarettes, and offers it to her friends. She tells them that it is enjoyable and refreshing. Anne thinks they should all try the experience. How should her friends respond?

Robin: You tried smoking cigarettes once before and became sick. You really don't think smoking is pleasurable.

Neil: You are concerned about staying healthy, and cigarettes may affect that. You suggest some other activity that would be more enjoyable and refreshing.

Bruce: You like trying new things and have never smoked cigarettes before. If cigarettes are enjoyable and refreshing, then maybe they are worth a try.

Anne: You have been smoking just a short time. You have seen the cigarette ads that make smoking look enjoyable and refreshing; that's why you want to smoke. You try to convince the others in the group.



Situation 6: Smoking is Grown-up

Parts: Narrator, Anita, Lucy, Jeremy, John

Narrator: Anita and Lucy are walking down the street. Anita sees Jeremy, a boy she really likes, and John, a boy Lucy really likes, standing at the corner. Jeremy and John are a few years older than Anita and Lucy. Anita feels as if the boys don't notice them because they're "so young." Lucy suggests that she and Anita light up cigarettes as they walk by the boys; this way they will look more grown-up. What should Anita do?

Anita: You really like Jeremy and want to impress him. You also are afraid someone may see you smoking and tell your parents.

Lucy: The girl that John used to like smoked cigarettes. You like John a lot and feel that if you started smoking he would think you were older, and like you also. You tell Anita she should do the same for Jeremy.

Jeremy: You are best friends with John. You have seen Anita before and think she is very cute. Even though she is two years younger, you think she acts older than her age. You would like to meet her.

John: You do not like cigarette smoking. The last girl you liked smoked cigarettes but always smelled like them. That is one reason you stopped dating her.

Key Concept: Awareness of own smoking policy versus a group smoking policy.

PERSONAL & GROUP SMOKING POLICIES

The following activities will help students publicly affirm their feelings toward smoking and allow them to compare their feelings with a group response.

ACTIVITIES:

1. Have each student complete the worksheet titled "Personal Policy". Ask the students if their personal policy is the same as their parents or community policy.
2. Hand out the survey titled "Smoking and Me". After the entire class has completed it, tally the results and write a statement of the class policy on smoking based on the group results.

USED WITH PERMISSION: "Personal Policy", American Lung Association, Smoking Deserves A Smart Answer: Adolescent Smoking Prevention Resource Guide; (1740 Broadway, New York, NY, 1983), Worksheet #7.

"Smoking and Me", taken directly from American Heart Association, Putting Your Heart Into The Curriculum, Junior High, Grades 6-8, (Montana Division: 510 1st Ave. N., Great Falls, 1982), pp. 60-61.

Personal Policy

I, _____
have decided _____
because _____

Signed _____

My school policy is: _____

My family's policy is: _____

My community policy is: _____

SMOKING AND ME

Directions: There are ten statements on this scale. Read each statement and decide whether you agree, disagree, or are undecided about it. Then, place a check mark in the column which best describes your attitude.

	AGREE	UNDECIDED	DISAGREE
1. A lot of people smoke to be "in" with a group.			
2. Most of the kids smoke in the bathrooms at school or out on the grounds between periods.			
3. Kids are influenced by beautiful women or men holding a cigarette.			
4. It's good that they put the warning sign on the cigarette package.			
5. Kids smoke to get back at their parents.			
6. Kids smoke to calm their nerves.			
7. Kids smoke because they want people to think they're grown up.			
8. It is hard for kids to quit smoking.			
9. It makes you more popular to smoke.			
10. Kids respect you for it if you say no, I don't want to smoke.			

TEENAGE SMOKING TALLY SHEET
(To be used by teacher)

Directions: Using a blackboard or overhead projector, tally responses from class.

	AGREE	NUMBER WHO DISAGREE	UNDECIDED
1. A lot of people smoke to be "in" with a group.			
2. Most of the kids smoke in the bathrooms at school or out on the grounds between periods.			
3. Kids are influenced by beautiful women or men holding a cigarette.			
4. It's good that they put the warning sign on the cigarette package.			
5. Kids smoke to get back at their parents.			
6. Kids smoke to calm their nerves.			
7. Kids smoke to be grown up.			
8. It is hard for kids to quit smoking.			
9. It makes you more popular to smoke.			
10. Kids respect those who say, "no, I don't want to smoke."			

Key Concept: Awareness of how consequences affect the decision-making process.

CONSEQUENCES & DECISION MAKING

One aspect of the decision-making process is looking at the consequences of the decisions we make before we make them.

ACTIVITY:

Hold a discussion on how consequences affect the decisions we make. Break the class into small groups and have the students brainstorm some good and bad consequences of smoking. Have each student complete the worksheet titled "It's Your Decision."

USED WITH PERMISSION: "It's Your Decision", American Lung Association, Smoking Deserves A Smart Answer: Adolescent Smoking Prevention Resource Guide; (1740 Broadway, New York, NY, 1983), Worksheet #6.

name _____

It's Your Decision

1. What is the decision I am trying to make?

2. What information about the decision will help me to decide?

3. What are my choices? What are the good and bad consequences of each choice?

CHOICE 1

Choice:	
Good Consequences	Bad Consequences

CHOICE 2

Choice:	
Good Consequences	Bad Consequences

4. How will the people and things important to me be affected by my decision?

Family: _____

Friends: _____

School: _____

Other: _____

5. Put a star by those items in #3 and #4 that are *MOST IMPORTANT* to YOU.

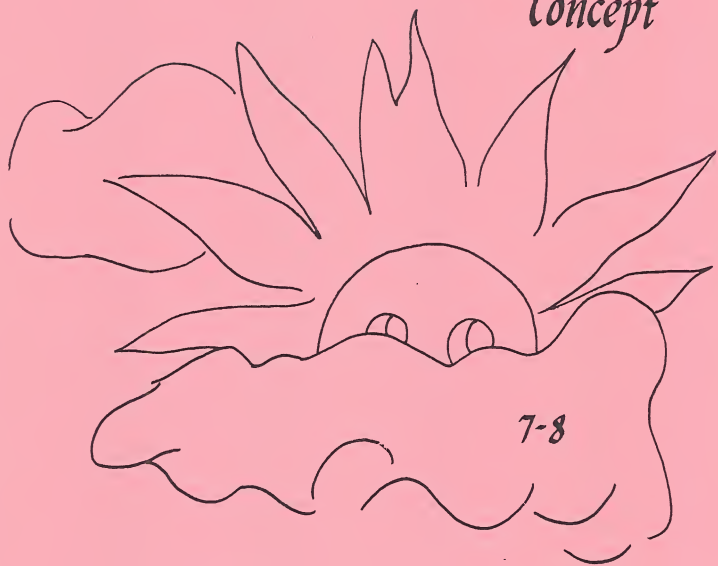
6. Now select the best decision for you: I have decided to _____

because _____

7. What might make it difficult for you to stick to your decision?

8. What might help you to stick to your decision?

*Self
Concept*



SELF-CONCEPT

Although peer pressure is usually the major reason students begin using tobacco, this is not necessarily the reason they continue using it. Along with developing a physical dependence on the nicotine, they also develop a psychological dependence on the feeling of well-being they experience when they use it. In order to prevent this psychological dependence on tobacco, it is crucial that students develop positive self-concepts before they become involved with it. The process of developing the self-esteem of students includes activities which do the following (It Starts With People, p. 24):

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves with others.
3. Help students accept individual differences.

Key Concept: Awareness of factors which build our self-esteem.

BUILDING OUR SELF-ESTEEM

By becoming aware of factors which influence our self-esteem, we are more likely to have control over it.

ACTIVITY:

Hand out the article "Self-Esteem". Hold a discussion about what self-esteem is. Brainstorm and come up with a list of influences which build our self-esteem.

USED WITH PERMISSION: "Self-Esteem" taken directly from ME: The New Model, High School Teachers Manual, (Lakewood City Public School System: 1470 Warren Road, Lakewood, OH, 1973), pp. 92-93.

SELF-ESTEEM

Self-esteem is knowing you are different from everyone else and being happy that you are.

It is taking ownership for what you do and feel. Self-esteem comes when you see yourself as the center of valuation and choice — in other words, when you realize that YOU are the one who continually sets your own values and makes your own decisions.

What Are Some Sources of Self-esteem?

- Knowing who you are in a given circumstance
- Having respect for others
- Making choices and experiencing yourself as the agent of those choices
- Being aware of controls in society that may deny you your individuality
- Being aware that, in a democratic society, such controls can be changed

This entire course, and particularly the unit on the self, is based on the following beliefs about the nature of people:

- Each person has assets, strengths, and abilities, some of which he knows about and others of which he is unaware.
- What one does is strongly influenced by where he is.
- Group encouragement and positive feedback help a person explore himself so that he is better able to change if he wants to.
- The present can be changed and the future directed without overconcern for the past.
- We often learn best from our peers.
- We learn success from those we choose as successful. To have a model is essential.

- Learning means recognizing and accepting the differences between my failure and your success and adjusting my next action accordingly.
- We continue to grow and think well of ourselves by completing a task and moving on to a new one.
- Everyone has the inherent desire to change and grow.



Key Concept: Enhancement of self-concept by recognizing and sharing meaningful information about oneself.

SHARING BAGS

In many classes students never have an opportunity to get acquainted with their classmates. All of us share a need for meaningful interpersonal relationships. However, many times creating a classroom environment conducive to positive interaction is awkward and difficult. This activity could be a good starting point for teachers who seek to facilitate growth in interpersonal relationships among students.

ACTIVITY:

1. Distribute paper bags, one to each student. Instruct the students to select decorations from material scraps, magazines, pictures, etc. Have the students illustrate on the outside of the bag how they think other people see them.
2. On the inside of the bag, have students illustrate how they see themselves -- how they really are.
3. Upon completion, the bags may be shared with the entire class, with a small group, or with a partner. Following are questions which may be asked at the end of the activity.
 - a. How did you feel when sharing your creation?
 - b. What are some of the ways you are different from the ways others see you?
 - c. How accurately do you think you perceive yourself?
 - d. Do you feel good about the way others perceive you, about the way you perceive yourself?

USED WITH PERMISSION: Beier, Barbara, "Enhancing Positive Self-Concept Through Creativity in the Classroom", Health Education, Vol. 12, #2, Mar/April, 1981, p. 35.

Key Concept: Awareness of self-concept by sharing oneself.

SHARING ONESELF

The following activity will help students to look at themselves and speculate how they think other people see them.

ACTIVITY:

Have the students cut out pictures from magazines which show the following:

- A. What your friends see you as.
- B. What your mother sees you as.
- C. What your teacher sees you as.
- D. What your employer sees you as.
- E. What you see yourself as.
- F. What your big brother or sister sees you as.
- G. What your little brother or sister sees you as.
- H. What your father sees you as.
- I. What your coach sees you as.
- J. What the class genius sees you as.
- K. What the shy guy in the class sees you as.

Place "E" in the middle of the poster. Place the rest of the pictures around the way you see yourself. Label each picture. Share your poster with someone else in the class.

Source: Unknown

Key Concept: Evaluation of things one loves to do.

THINGS I LOVE TO DO

The following activities will help students look at themselves and possibly discover something they did not know.

ACTIVITIES:

1. Ask students (teacher does it with them) to number from 1-20 on a paper. Then suggest they list, as rapidly as they can, 20 things in life which they really, really love to do. Stress that the papers will not be collected and "corrected", and that there is no right answer about what people should like. It should be emphasized that in none of the values strategies should students be forced to participate. Each has the right to pass. Students may get strangely quiet; and, at first, they may even be baffled by such an unschool-like task as this. Flow with it, and be certain to allow enough time to list what they really love to do. Remember, at no time must the individual's privacy be invaded, and that the right of an individual to pass is sacrosanct.

When everyone has listed his 20 items, the process of coding responses can be started. Here are some suggested codes which you might ask the students to use:

- a. Place the \$ sign by any item which costs more than \$3.00 each time you do it.
- b. Put an R in front of any item which involves some RISK. The risk might be physical, intellectual or emotional.
- c. Using the code letters F and M, record which of the items on your list you think your father and mother might have had on their lists if they had been asked to make them at YOUR age.
- d. Place the letter P before each item which you prefer doing with PEOPLE. Place the letter A before each item which you prefer doing ALONE.
- e. Place a number 5 in front of any item which you think would not be on your list 5 years from now.
- f. Finally go down through your list and place near each item the date when you did it last.

2. This activity fits in with the one on the previous page. After students have listed and coded their 20 items, the teacher might say, "Look at your list as something which tells a lot about you at this time in your life. What did you learn about yourself as you were going through the strategy? Will you please complete one of these sentences and share with us some of the learning you did?"

I learned that I

I relearned that I

I noticed that I

I was surprised to see that I

I was disappointed that I

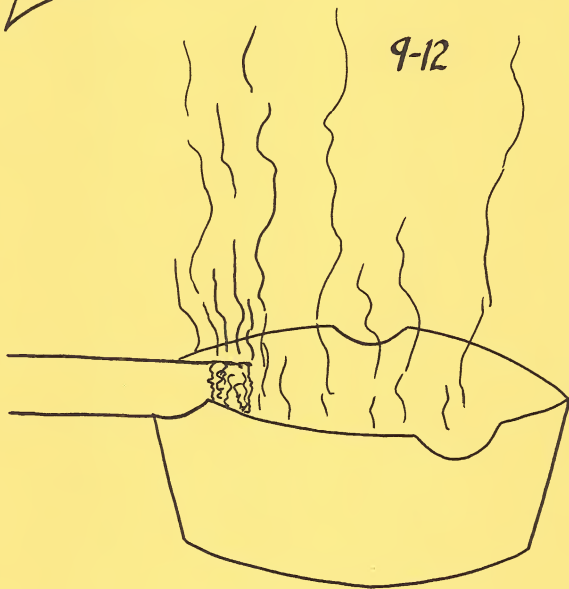
I was pleased that I

I realized that I

The teacher must be willing to make some "I learned that I...." statements, too. And they must not be platitudinous, either. Every effort is made for the values-clarifying teacher to be honest and as authentic as possible.

Tobacco Education

9-12



TOBACCO EDUCATION

9-12

By the time a student is in high school, their views on tobacco use are fairly well established. Key issues to stress at this age are as follows:

1. Knowledge of the dangers of dipping and chewing tobacco.
2. Awareness of the history of tobacco use.
3. Knowledge of the long term effects of smoking - lung cancer/emphysema.
4. Knowledge of the dangers of smoking when pregnant.
5. Knowledge of how to quit smoking.

Key Concept: Awareness of the history of tobacco use.

HISTORY OF TOBACCO USE

The following activity will give students some background information of man's early use of tobacco.

ACTIVITY:

1. Hand out the article titled "History of Tobacco Use". After the students have read the article, have them expand their knowledge of the various stages in the history of tobacco use by doing the following activities.
 - A. Write reports about the various eras in the history of tobacco use. Possible areas to research include the economic advantages of importing and exporting tobacco; the push to promote tobacco use by the mass media; the personal use of tobacco by people such as Sir Francis Drake, Sir Walter Raleigh or John Rolfe.
 - B. Have students design posters depicting the various eras in the history of tobacco and how it was used.

USED WITH PERMISSSION: "History of Tobacco Use", Health & Physical Education Services, Health Education: Grades 7-12, (Division of Sciences and Elementary Administration, Department of Education: Richmond Virginia, n.d.), pp. 99-112.

HISTORY OF TOBACCO USE

It is not clear exactly how tobacco was introduced in Europe. It was used mainly as a medicine until 1600. Even in the latter 17th Century, it was used to ward off the plague and to cure cancer.

The smoking habit was greatly encouraged in England when Sir Francis Drake returned to England in 1586 with quantities of tobacco captured in the West Indies. He returned with leaves, seeds and clay pipes.

Sir Walter Raleigh was one of the first to take up smoking and he was largely responsible for making smoking respectable in Elizabethan Court circles.

The early colonial cultivations of tobacco were developed by John Rolfe who grew tobacco from seed sent to him from either South America or the West Indies.

England believed that tobacco was harmful and prevented the colonists from growing food crops. The colonists maintained that tobacco was their major staple and medium of exchange. The colonists found that tobacco was a popular trade item and it became a major industry before 1700.

The major mode of tobacco consumption during the Colonial Period was pipe smoking. Snuff, a powdered form of tobacco which is chewed, rubbed on the gums and teeth and inhaled through the nose, was introduced in Europe from America in the 16th Century and was popular until the end of the 1800's.

There is some historical evidence which suggested that the Aztecs and Mayans developed the first cigarettes.

During the Revolutionary Period, the cigar was introduced to the colonies by General Israel Putnam. Cigarette smoking was relatively rare in the United States until the close of the Civil War.

The chief method of tobacco consumption during the first half of the Nineteenth Century was chewing. Tobacco chewing became a distinct American custom.

In all American wars, three factors appear to have increased the extent of tobacco use:

1. Removal of family restrictions.
2. Indulgence in tobacco as an escape from the rigors of military life.
3. The phenomena of "imitated behavior" when people are grouped together.

The introduction of cigarette making machines was an important factor in the expansion of the tobacco industry.

Tobacco production and distribution has become a very important segment of our national economy. The United States is the world leader in tobacco production, exportation, and consumption. Certain of the states base a large portion of their economy on the tobacco industry.

An increasing proportion of women is smoking today compared to past years. Cigarette smoking is a wide-spread habit.

Beginning in the late 1950's, per capita consumption decreased as the health hazards of smoking became apparent to the public. Per capita consumption dropped after the publication of the Surgeon General's report in 1964, recovered to some extent, and has now begun to increase again.

Key Concept: Awareness of the dangers of dipping and chewing tobacco.

THE SMOKELESS TOBACCO

Although the number of young males who smoke cigarettes has leveled off and even started to decrease, there has been an increase in dipping and chewing tobacco. This is largely due to advertising techniques that associate dipping and chewing with the "macho" sport image. Teachers need to become more aware of the dangers of smokeless tobacco so they can pass on the information to the students.

ACTIVITY:

Hand out a copy of the sheet titled "The Smokeless Tobacco". Hold a discussion on the information within the article. Encourage students to share their personal feelings and attitudes about chewing and dipping. As a class, make a list of examples of advertisements for smokeless tobacco that the students have seen in their community.

PARAPHRASED FROM: Glover, Elbert D. & others; "Just A Pinch Between the Cheek & Gum", Journal of School Health, August, 1981, pp. 145-148.

THE SMOKELESS TOBACCO

There are two common methods of using smokeless tobacco. They are as follows:

1. SNUFF DIPPING

- a. Snuff is sold in cans.
- b. Snuff is powdered tobacco.
- c. A pinch of snuff is placed between the cheek and gum.

2. CHEWING

- a. Chew is sold in a pouch.
- b. Chew is leaf tobacco.
- c. Chew is taken as a "Chaw" which is a golf-ball size lump of tobacco that the chewer sucks.
- d. Chew can be taken as a "quid" which is a small amount of chew placed in the cheek up to 24 hours a day.

THE ADVERTISING GIMMICK

The major reason for an increase in the use of smokeless tobacco is extensive advertisement for these products. Following is a list of examples of advertising techniques used to sell them.

1. The advertisers appealed to the young by associating smokeless tobacco with a "macho" sports image.
2. The advertisers stressed the amount of money a person could save by using smokeless tobacco compared to smoking cigarettes.
3. Advertisers developed a line of products modeled after the dipping and chewing fad by selling gum and beef jerky in cans the same size as snuff cans. In some places the fad was to have a faded ring on the back pocket of blue jeans as a sign of maturity and toughness.
4. The use of chewing and dipping tobacco were encouraged in popular movies such as "Urban Cowboy" and "Honeysuckle Rose".
5. "How-to" instructions were given over the television as well as on the package of the product.
6. Spitting was portrayed as a "form of art" as opposed to a dirty habit.

HEALTH HAZARDS

Advertising implies that dipping and chewing are safe. The tobacco industry deliberately ignores the potential health dangers that develop from using smokeless tobacco. Some of these dangers are listed below.

1. The nicotine in the tobacco is habit forming.
2. Oral leukoplakia, a pre-cancerous white, smooth or thickened, cracked lesion can develop in the area of the mouth where the chew was placed.
3. There is an increase in dental cavities in people who dip and chew.
4. Bad breath and yellow teeth often result from smokeless tobacco.

Key Concept: Awareness of the adverse affects of tobacco smoke on non-smokers.

AFFECTS OF TOBACCO SMOKE ON NON-SMOKERS

Up until recent years, the major focus has been on how smoking affects the smoker. However, today more attention is being given to the affects of smoking on the non-smoker.

ACTIVITY:

Throw out the following facts to the students.

1. 2/3 of the smoke from a burning cigarette goes into the environment.
2. Sidestream smoke has more tar and nicotine than mainstream smoke.
3. 2nd hand smoke increases the heart rate and blood pressure of a non-smoker who breathes it.
4. Living with a person who smokes increases a non-smokers risk of lung cancer.

Hold a debate on the rights of non-smokers to breathe clean air and the rights of smokers to smoke. Following is a list of ideas before holding the debate:

1. Interview non-smokers and how they feel about someone else smoking next to them. Ask them if they are aware of the adverse affect that another person's smoke has on them.
2. Interview smokers on what they feel about smoking around a non-smoker.
3. Do more research on the adverse affects of smoking on both the smoker and non-smoker.

USED WITH PERMISSION: American Lung Association, "Second-Hand Smoke", (1740 Broadway, New York, NY, June 1982), pp. 1-7.

Key Concept: Awareness of what emphysema is and how it affects breathing.

EMPHYSEMA

Most students have likely heard of emphysema by the time they are in high school, but many believe that this is something that only happens to old people and will never happen to them. Students need to be made aware of the seriousness of the problem. They need to understand that, although lung cancer most commonly is apparent in people who have smoked heavily for many years, there have been cases where younger people have had lung cancer caused by smoking. They also need to realize how difficult it is to stop smoking once a person has started; hence even though people intend to stop after a few years, they often can not.

ACTIVITIES:

1. Hand out a copy of the article titled "Emphysema". After the students have read this brief article, illustrate what happens to the lungs of a person with emphysema by doing the activity called "Difficulties With Respiration."
2. An excellent film to show which illustrates the effects of smoking on individuals is called "The Feminine Mistake". At one place in this film an interview is being held with a woman in her 40's who is dying from lung cancer. (This film is available at Bozeman Public School's Audio-visual Department).

USED WITH PERMISSION: Emphysema article taken directly from "Facts in Brief About Lung Diseases", (American Lung Association: 1740 Broadway, New York, NY, April, 1983), pp. 8-9.

"Difficulties With Respiration" taken directly from American Heart Association, Putting Your Heart Into Your Curriculum, Junior High, Grades 6-8, (Montana Division: 510 1st Ave. N., Great Falls, MT, 1982), p. 33.

EMPHYSEMA

The following description of emphysema is taken directly from "Facts In Brief About Lung Disease", a pamphlet put out by the American Lung Association.

Emphysema is a severe lung disease that usually develops gradually, not suddenly. The wall of the air sacs in the lungs lose elasticity and are destroyed. Stale air gets trapped in the lungs, which become over-inflated. The exchange of oxygen and carbon dioxide is disrupted. The person with emphysema feels as if he or she is drowning in a sea of air.

The flow of blood in the lungs is disrupted by the changes caused in emphysema. The heart has to pump harder and may become enlarged. Death due to a damaged heart is often an end result of emphysema.

Very few nonsmokers develop emphysema. Most people who have the disease have been heavy smokers for years. People who are born with a deficiency of a blood protein called alphy₁-antitrypsin - and who also smoke - run a very high risk of developing the disease.

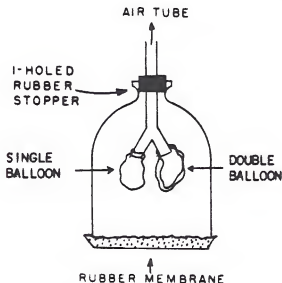
Breathlessness can be a beginning symptom. As the disease develops, breathing becomes more and more of a chore. Though there is no known way to reverse the damage involved in emphysema, medical treatment can help patients breath easier with the disease. Continued smoking can cause the disease to develop into even more advanced stages.

DIFFICULTIES WITH RESPIRATION

Objective: To show the effect of emphysema on breathing and to explain the relationship to heart and circulatory function.

Equipment: Bell jar; forked glass tubing; one-holed rubber stopper; rubber sheet or membrane; three balloons similar in size and elasticity

- Procedure:**
- (1) Blow up one balloon and allow it to remain inflated for a day or two. When ready for demonstration, deflate the balloon and note it remains enlarged and stretched.
 - (2) Insert an unused balloon into the used one.
 - (3) Attach a new single balloon to one of the ends of the forked glass tube and the double balloon to the end of the other tube. Fasten a rubber sheet or membrane across the bottom of the jar to simulate the diaphragm.
 - (4) Pull down on the center of the rubber membrane and observe the balloons fill with air. Note the amount of expansion that takes place in both balloons. Push the rubber membrane back up into the jar a short way to simulate exhaling. Note the difference in the deflation of the "lungs."
 - (5) The action of filling and emptying the balloons may be compared to respiration. If both lungs are functioning properly they inflate and deflate properly. But if the alveoli of the lungs have been destroyed or have lost their elasticity, as in emphysema, the individual has difficulty in getting oxygen into the circulatory system because blood vessels in the alveoli have been destroyed. Too, the individual has difficulty in exhaling air because some of the alveoli have lost their ability to contract and push air out. All of this causes an added strain on the heart and circulatory system.



Key Concept: Awareness of how smoking will affect an unborn child of the pregnant mother who smokes.

PREGNANCY AND SMOKING

ACTIVITIES:

1. Hand out the article titled "It Might Have Been A Beautiful Baby". Hold a discussion on the harmful affects of smoking on an unborn child.
2. Cut out the facts on smoking and pregnancy from the page titled "The Surgeon General's Report, 1980". Give each student one of the facts and have them share the facts with the rest of the class. Create a bulletin board illustrating some of these facts.

USED WITH PERMISSION: Shaman, Diana, "It Might Have Been A Beautiful Baby", American Lung Association, (1740 Broadway, New York, NY, August, 1982), pp. 1-4.

"The Surgeon General's Report, 1980", American Lung Association, Handbook for Health Care Providers: Smoking & Pregnancy, (1740 Broadway, New York, NY, September, 1982), p. 9.

IT MIGHT HAVE BEEN A BEAUTIFUL BABY

A woman who smokes during pregnancy may be putting her precious cargo in harm's way

By Diana Shaman

EVERY YEAR, THOUSANDS OF NORMAL, CARING MOTHERS commit child abuse. No crimes are reported; there are no headlines; but in some cases, their babies die or are left permanently scarred.

This is child abuse that begins in the womb when a pregnant woman smokes cigarettes. Over 50 published studies involving a half million births worldwide have by now shown beyond any reasonable doubt that babies born to smokers have a much greater chance of developing severe—and sometimes fatal—respiratory problems and complications than do babies born to nonsmokers.

Yet the shocking fact is that an estimated 30% of pregnant women smoke, and half the smokers smoke a pack or more of cigarettes a day. The more cigarettes the mother smokes, the greater the risk to her child.

Serious breathing difficulties can begin at birth

The problem is of special concern to physicians who deal with pulmonary disease because serious breathing difficulties can begin at birth. Maternal smoking causes 11 to 14% of premature births, so babies of smokers are more likely to be born with an often fatal condition known as both respiratory distress syndrome and hyaline membrane disease, which sometimes causes death.

The lungs of a healthy newborn contain a soap-like material called surfactant that coats the surface of the air spaces and prevents the lungs from collapsing when the infant exhales. Lungs of premature infants often lack this substance, so that, every time the baby exhales, the lungs get smaller as air spaces begin to collapse. If the condition is not corrected, the baby dies.

Researchers have found that the length of the gestation period is of critical importance. Infants delivered at 28 weeks or less, for example, are 65 to 70% more likely to be born with respiratory distress syndrome (RDS) than full-term babies.

Medical advances have dramatically reduced the mortality rate, but RDS is still the leading cause of death of premature infants. Even if the infant survives, it can develop further problems. Data from the American Lung Association's Epidemiology and Statistics Unit show that 80% of infants with broncho-pulmonary dysplasia have a history of RDS as newborns.

Mothers who smoke also increase the risk that their babies will be born with asphyxia, a condition resulting from a reduced oxygen supply to the fetus prior to delivery or to the newborn during its first hours of life. Asphyxia is a leading cause of death among newborn infants.

Disturbing data: a possible link between smoking and sudden infant death syndrome

Some of the most disturbing data come from studies that have found a possible link between maternal smoking and sudden infant death syndrome (SIDS).

"We found that infants of mothers who smoke have a 50% greater chance of developing SIDS than infants of mothers who did not smoke," said Dr. Richard L. Naeye of the Pennsylvania State University College of Medicine, who headed a study involving over 53,000 pregnancies. The study followed the development of the children up to 8 years of age.

Although the exact cause of SIDS is still not known, Dr. Naeye suggests that maternal smoking increases the risk by restricting delivery of oxygen to the fetus and therefore causes subtle abnormalities in the brain stem area. He feels that these abnormalities can later lead to a sudden failure of respiratory control.

Also known as "crib death" because it often strikes at night without warning, SIDS claims an estimated 10,000

Reprinted from American Lung Association Bulletin

lives a year, accounting for 30% of deaths among infants aged one month to one year.

The disease is devastating for parents and physicians alike because children with the disease appear perfectly well and healthy. At bedtime, these children appear normal. Death occurs during sleep.

Some researchers suspect that not only maternal smoking but also passive smoking by the baby after it is born are to blame.

"Women who smoke while they're pregnant are not going to stop smoking after the baby is born," pointed out Dr. Zena A. Stein, professor of public health (epidemiology) at the Columbia University School of Public Health. "So we're not sure whether it is the smoking afterward or the effects of smoking on the fetus *in utero* which is responsible for that particular condition. However, I'm convinced that there is a connection between smoking and SIDS."

Smoking by parents contributes to respiratory problems among children

Passive smoking is also suspected of being a contributing factor to many other respiratory problems of young children.

"There are plenty of problems caused by passive smoking," said Dr. Howard Eigen, director of pediatric pulmonology at the Indiana University School of Medicine.

Many physicians feel a deep sense of frustration when dealing with children whose parents smoke. "It is especially distressing to walk through a pediatric clinic waiting room and see mothers blowing smoke in their infants' faces," wrote Dr. Michael A. Wall, director of the pediatric pulmonary disease division at the Oregon Health Sciences University.

Children with asthma—one of the common chronic childhood diseases—have hyperirritable bronchial airways that constrict in response to adverse stimuli, such as cigarette smoke. Children of parents who smoke also appear to be much more prone to respiratory infections, including pneumonia and bronchitis, than children of nonsmoking parents, especially during the first year of life. Studies show a definite link between the number of cigarettes smoked by parents and the frequency of illness. Passive smoking is also considered a risk factor for tonsillitis and pharyngitis.

"If the child comes to us with respiratory disease and the parent is a smoker, we try to get the parent to stop," said Dr. John G. Brooks of the Department of Pediatrics at the University of Rochester Medical Center.

Respiratory disease is only a part of a pattern of complications that result from both maternal smoking and

smoking by parents after the baby is born. Cigarette smoking can cause miscarriage, low birth weight, placental complications, and even long-term developmental problems in young children.

The problems of low birth weight

The first suspicion that smoking might be dangerous to pregnancy was voiced in 1868 by an Austrian physician who observed that women who worked in tobacco factories seemed more prone to miscarriages than was normal.

Serious investigations of maternal smoking began in the early 1930s, but the catalyst for recent studies was a 1957 report by Dr. Wina J. Simpson, a public health specialist in San Bernadino, California, who concluded that infants born to women who smoked while pregnant had a significantly lower birth weight than infants born to nonsmokers.

Her findings were considered of major importance because low birth weight greatly increases the risk of infant mortality and affects the physical and mental development of some children. Low-birth-weight babies often develop neurological abnormalities and behavioral problems as well.

Subsequent studies supported Dr. Simpson's conclusions and uncovered other serious risks and complications.

Tobacco smoke contains more than 2,000 compounds, but nicotine, carbon monoxide and benzo(a)pyrene appear to have the most harmful effects on the fetus.

Measurements of fetal blood and fetal cells have found that these three substances are soluble and can cross the placental barrier in levels that are related to the number of cigarettes the mother smokes.

Benzo(a)pyrene presents a particular problem. Once it crosses the placental barrier, it stimulates the production of enzymes which compete for the same pathways as cells that process nutrients and provide oxygen to the developing fetus. Carbon monoxide also affects oxygen delivery to the developing fetus. The length and weight of the fetus and its ability to breathe correctly are all affected, resulting in a number of complications.

A study of 50,000 births in 10 teaching hospitals in Ontario came to the following disturbing conclusions:

- Heavy smokers—those who smoke more than 2 packs a day—increase their chance of having a low-birth-weight baby to a rate of 86–153 per 1,000 live births compared to nonsmokers, who have a rate of 45 per 1,000 live births. Light smokers—those who smoke less than a pack of cigarettes a day—increase their risk to a rate of 59–77 per 1,000 live births. (The range of figures provided accounts for differences between smokers in other characteristics which modify the risk of having a low-birth-weight baby.)
- Pregnant women who smoke heavily increase their risk of fetal death by 55% (to a rate of 15.3 per 1,000 from a rate of 9.9 per 1,000 live births in the

general population) and the risk of infant death by 44% (to a rate of 2.3 from 1.6 deaths per 1,000 live births). For light smokers, the risks of fetal death and infant mortality are increased by 24% and 22%, respectively, to rates of 12.3 and 2.0 per 1,000 live births.

- Heavy smokers increase the risk of placenta previa by 92% from a rate of 10 per 1,000 live births to a rate of 19.2 per 1,000. (Placenta previa is a condition in which the fertilized egg attaches itself too low on the uterus, often resulting in miscarriage.) Light smokers increase the risk by 25% to a rate of 12.5 per 1,000.

At least a dozen studies have linked smoking in pregnancy to long-term developmental problems in children. Children of mothers who smoked were found to score lower in reading and mathematics than children of non-smokers, and they were more prone to hyperactive behavior and other behavioral problems.

Maternal smoking may also be linked to birth defects, and a major study is under way to explore the role not only of smoking but also of coffee drinking and drug exposure. To date, 2,600 families with children born with defects have been interviewed, and the goal is to contact approximately 750 new families each year.

"We are not looking specifically at smoking as a risk factor, but we are concerned that it may be one of them," said Dr. Allen A. Mitchell, senior investigator at the Drug Epidemiology Unit at the Boston University School of Medicine, who is conducting the study.

Health education—the most powerful weapon

Ideally, every pregnant woman would stop smoking once she realized the risks, but doctors recognize that smoking habits are among the hardest to break.

Health education continues to be the most powerful weapon in the medical arsenal, but so far it has lagged far behind, considering the scientific data.

Pregnant teenagers in five special New York City high schools for pregnant girls were asked, for example, whether their health providers or anyone at the school had warned them that smoking could be dangerous for the baby. The majority said that no one had mentioned any problems. "I remember being shocked," said Professor Gilbert Shimmel, of the Hunter College School of Health Sciences, who interviewed the girls.

A 1979 survey of members of the Nurses Association of the American College of Gynecology also showed that very few of the health professionals counseled their patients about smoking. Only 5% of the nurses who responded indicated that they conducted smoking cessation clinics for patients, yet 75% agreed that encouraging patients not to smoke was part of their responsibility. Also, 83% of the nurses said they would counsel patients if they knew the proper approach to counseling.

Most educational efforts are now focusing on training health providers, especially nurses. Spearheaded by units of the American Lung Association around the country, the March of Dimes, the American Cancer Society and other groups, several major programs are now under way.

In Elmira, New York, a prenatal early infancy project sponsored by Comprehensive Interdisciplinary Developmental Services, a child health organization, is monitoring the effects of comprehensive home nursing care on the rates of prematurity, low birth weight, childhood illnesses and other developmental problems through the fourth year.

In the four groups totaling 401 families that are being studied, 53% of the mothers are smokers. Data on how many actually quit smoking because of nurse home visits and educational programs will be available in several months, Dr. David Olds, the principal investigator, said.

In Princeton, New Jersey, a study being conducted by the Institute for the Study of Exceptional Children is attempting to determine how children who were premature or handicapped for a variety of reasons develop over the first three years of life.

"One of our aims is not only to intervene with children who are already at risk but also to try to intervene early in the health habits of women who are already pregnant," said Dr. Jeanne Brooks-Gunn, a developmental psychologist, who is the assistant director of the study.

Statistics suggest that out of the approximately 30% of women who smoke, two-thirds will not quit during pregnancy, Dr. Brooks-Gunn said. "However, even if we cannot get them to stop totally, we know that getting them to reduce the number of cigarettes they smoke will affect the birth weight of their babies."

The March of Dimes, a not-for-profit organization concerned with preventing birth defects, has also joined the effort to alert pregnant women. "Smoking is a priority of the March of Dimes in terms of health promotion and disease prevention," said Bonnie Dobrowski, assistant director of public health education. "We want to see risk-reduction programs increase."

The American Cancer Society now reaches approximately five million people a year with programs that outline the hazards of smoking. A film on the special risks for women—and, in particular, pregnant women—is part of the educational effort.

New programs for health professionals

Many state and local American Lung Associations have also begun programs to teach health professionals how to help women and to teach women to help themselves.

To name some.

- The American Lung Association of Maryland has formed an interagency group to develop a smoking and pregnancy protocol on the best way to counsel a pregnant smoker. Funding comes from a federal high-risk-reduction grant.

Following a half-day training program to familiarize nurses with the health and behavioral aspects of smoking, the nurses are given a flip chart for use in educating their patients. In addition, the nurses receive a manual that lists some of the questions patients are likely to ask, with guidelines for answers and home-study materials for patients. Future programs will be aimed at physicians, project director Pat Johnston said.

- The Rhode Island Lung Association conducts an ongoing smoking cessation program, including a "smoker's quit line," massive mailings of brochures on smoking and health targeted at women, and several television spots. The program has generated an overwhelming response from women who want help in quitting, program associate Margaret Kane said.

For a \$10 fee, smokers are offered one-to-one counseling, a self-help course, or participation in a quit-smoking clinic. Most choose self-help.

A pilot program is also being conducted at Women's and Infants' Hospital—Rhode Island's principal maternity hospital—to train nurses to counsel pregnant women. The association plans a followup study to see how effective the counseling program has been.

- The New York Lung Association last year counseled a group of 27 students in a New York City high school for pregnant girls. Half the group were smokers. No one—except one of the teachers—quit, said Karen Denard, the project director, but at least the nonsmokers indicated that they were glad that they were not smoking. Many of the girls came from troubled homes, Miss Denard explained, and even counseling could not persuade them to give up smoking in a time of great stress.

This spring, the association plans a citywide conference on smoking and pregnancy to which physicians, nurses and midwives will be invited.

- The Indiana Lung Association has two demonstration programs, funded by the Indiana State Board of Health, under way in a four-county area north of Indianapolis. One program deals with smoking and pregnancy, the other with smoking and adolescence.

Educators in childbirth education classes, as well as instructors at a family planning clinic, were contacted and given leaflets on smoking and pregnancy for distribution to patients. In addition, these professionals received a lesson plan designed to help patients quit over a four-to-six-week period.

- The Maine Lung Association has been coordinating a coalition to educate pregnant women since 1978. "We explain the damage to the fetus from the effects of carbon monoxide and the reduction of oxygen, and we stress quitting immediately when the woman knows she is pregnant," said Marie Borgese, the project director. Approximately 3,000 information kits have been sent out to health professionals around the state.

These programs are just some of the many now under way in a nationwide drive to educate women. The hope is that, once women realize that every time they smoke a cigarette they may be endangering not only their own health but the health of their child, they will quit. Mean-time, more health professionals must consider counseling pregnant women if they want to see less child abuse from cigarette smoke. <<

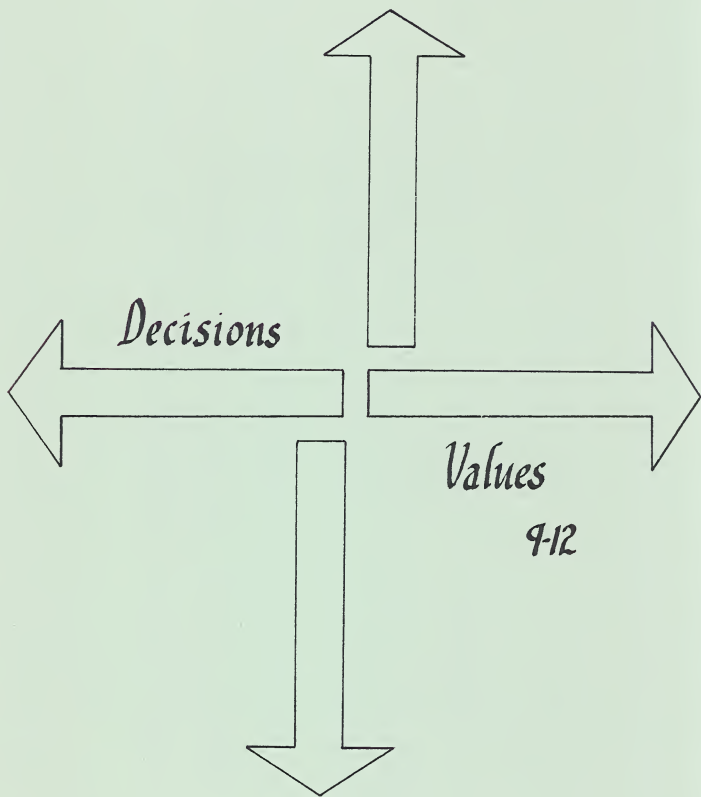
Diana Shaman is a freelance writer based in New York.

The Surgeon General's Report, 1980

Excerpts from *The Health Consequences of Smoking For Women*

Summary (pages 238-239)

1. Babies born to women who smoke during pregnancy are, on the average, 200 grams lighter than babies born to comparable nonsmoking women.
2. The relationship between maternal smoking and reduced birth weight is independent of all other factors that influence birth weight including race, parity, maternal size, socioeconomic status, and sex of child; it is also independent of gestational age.
3. There is a dose-response relationship between maternal smoking and reduced birth weight; the more the woman smokes during pregnancy, the greater the reduction in birth weight.
4. If a woman gives up smoking early during pregnancy, her risk of delivering a low birth-weight baby approaches that of a nonsmoker.
5. The ratio of placental weight to birth weight increases with increasing levels of maternal smoking, reflecting a considerable decrease in mean birth weight and a slight increase in mean placental mass; this may represent an adaptation to relative fetal hypoxia.
6. The pattern of fetal growth retardation that occurs with maternal smoking is a decrease in all dimensions including body length, chest circumference, and head circumference.
7. Maternal smoking during pregnancy may adversely affect the child's long-term growth, intellectual development, and behavioral characteristics.
8. Maternal smoking during pregnancy exerts a direct growth-retarding effect on the fetus; this effect does not appear to be mediated by reduced maternal appetite, eating or weight gain.
9. The risk of spontaneous abortion, fetal death, and neonatal death increases directly with increasing levels of maternal smoking during pregnancy; interaction of maternal smoking with other factors which increase perinatal mortality may result in an even greater risk.
10. Excess deaths of smokers' infants are found mainly in the coded cause categories of "unknown" and "anoxia" for fetal deaths, and the categories of "prematurity alone" and "respiration difficulty" for neonatal deaths; this suggests that excess deaths are due to problems of the pregnancy, rather than to abnormalities of the fetus or neonate.
11. Increasing levels of maternal smoking result in a highly significant increase in the risk of abruptio placentae, placenta previa, bleeding early or late in pregnancy, premature and prolonged rupture of membranes, and preterm delivery—all of which carry high risks of perinatal loss.
12. Although there is little effect of maternal smoking on mean gestation, the proportion of fetal deaths and live births that occur before term increases directly with maternal smoking level. Up to 14 percent of all preterm deliveries in the United States may be attributable to maternal smoking.
13. The incidence of preeclampsia is decreased among women who smoke during pregnancy; however, if preeclampsia develops in a smoking woman, the risk of perinatal mortality is markedly increased compared to preeclamptic nonsmokers.
14. An infant's risk of developing the "sudden infant death syndrome" is increased by maternal smoking during pregnancy.
15. There are insufficient data to support a judgement on whether maternal and/or paternal cigarette smoking increases the risk of congenital malformations.
16. Infants and children born to smoking mothers may experience more long-term morbidity than those born to nonsmoking mothers; however, studies usually cannot distinguish between the effects of smoking during pregnancy and the effects of the infant's or child's passive exposure to cigarette smoke after birth.
17. Studies in women and men suggest that cigarette smoking may impair fertility.
18. Experimental studies on tobacco smoke, nicotine, carbon monoxide, polynuclear aromatic hydrocarbons, and other constituents of smoke help define pathways by which maternal smoking during pregnancy may exert its aforementioned effects.



DECISIONS AND VALUES

9-12

Decision-making skills need to be developed at an early age and continue being developed throughout life. The goal in teaching decision-making skills is to help students do the following:

1. Understand their role in making decisions.
2. Recognize other people who can help them make decisions.
3. Realize the risks involved in decision-making.

The process of making decisions involves the following steps (It Starts With People, p. 24):

1. Defining the problem.
2. Exploring possible alternative ways of resolving the problem.
3. Looking at the consequences of the choices.
4. Choosing the alternative.

The purpose of values clarification is to help young people build their own value system. Louis Rath, who formulated the values clarification approach, broke the process of valuing into three sub-processes (Simon, p. 19).

1. Prizing: cherishing to the point of being willing to publicly affirm a belief.
2. Choosing: looking at the various alternatives, considering the consequences, and choosing freely.
3. Acting: consistently and repetitiously acting on one's beliefs.

Key Concept: Awareness of how a person's values will affect their decisions.

VALUES & DECISIONS

The following activity is designed to help students look at how their values will affect their decisions.

ACTIVITIES:

1. Explain to the students the three sub-processes of values clarification (prizing, choosing, and acting). Also explain the steps involved in decision making (refer to the introduction of this section).
2. Have the students think about a decision they are in the process of making. Hand out the worksheet titled "How Do Your Values Affect Your Decisions" and have them complete the questions based on the decision they are trying to make.

USED WITH PERMISSION: "How Do Values Affect Your Decisions",
ME: The New Model, High School Teachers Manual, (Lakewood
City Public School System: 1470 Warren Road, Lakewood, Ohio,
1973), p. 126.

HOW DO YOUR VALUES AFFECT YOUR DECISIONS?

When you cannot make a decision, probably there is a conflict of wants or of values. Clarifying your values will help you make your decision.

Here are questions to ask yourself so you can clarify the values that affect your decision:

1. Do you have any decisions to make now?
2. What alternatives are open to you, what might their consequences be, and which one(s) do you think will best get you what you want? Use books, magazines, the library and other people's experiences to check this out.
3. What are some of the things that are important to you in this decision, or what are your values here? (Use valuing process here if you need to.)
4. Do any of the values you hold seem to be keeping you from making this decision?
5. List all the values involved in this decision and rank order them, that is, number them in order of importance, with #1 the most important, etc.
6. Are any of your values holding up your decision?
7. If so, think about it for awhile and come back to it later.
8. How can you make a decision that will clearly represent your values?
9. If you still cannot make a decision, repeat the process above.
10. What is your final decision?
11. How did clarifying your values affect your decision?

Key Concept: Awareness of the responsibility of one's own actions.

OWNING RESPONSIBILITY

One break down in communication is when individuals will not take responsibility for their own actions. The following activity explores this idea.

ACTIVITY:

Hand out a copy of "Responsibility - Taking Ownership of One's Feelings and Actions". Role play the story. Break the class into small groups and have students share similar situations that they have been in, how they handled the situation, and if they could have handled it differently.

USED WITH PERMISSION: ME: The New Model High School Teachers Manual, (Lakewood City Public School System: 1470 Warren Road, Lakewood, Ohio, 1973), pp. 145-146.

RESPONSIBILITY — TAKING OWNERSHIP OF ONE'S FEELINGS AND ACTIONS

As used by people today, the word "responsibility" has several meanings. One is illustrated in this dialogue. An employer asked a prospective employee if he was a good worker. The man answered, "Yes, sir. Why, on my last job, every time something bad happened, they said I was responsible!" Another meaning is illustrated in these statements: A responsible person never drives without his driver's license. Always turn out the light when you are the last person to leave a room.

However, the word "responsibility" as used in this activity has a quite different meaning. It means taking ownership for one's own feelings and actions. When you exclaim, "You make me so mad!" you are failing to acknowledge that you chose to be angry. By refusing to accept ownership for your feeling, you contribute to your sense of helplessness.

Instead of being made angry, you have made yourself angry. To a greater extent than is generally recognized, a person has the freedom to select the feeling and the action with which he responds to another's behavior. Suppose someone tries to provoke you into a fight by insulting you in front of others. You can choose to get angry, you can make fun of the insult, or you can ignore both the person and the insult.

What does this discussion about responsibility (response - ability) have to do with one's behavior? One who takes ownership of his actions and feelings is in a position to not only change or control his feelings, but to change the situation as well. This person is no longer helpless or acted upon. His behavior is no longer determined by others. He becomes increasingly self-guided, selecting the responses that will be of the most benefit to both himself and others.

Here is a fictional example of a typical household argument:

Teenager: Can I have the car tonight, Mom?

Mother: Where are you going?

Teenager: Oh, wow! Do we have to go through that third-degree stuff every time I ask for the car? You're always making me feel like a kid. (Putting his feelings onto her.)

Parent: You don't have to antagonize me. I merely asked because I like to know where you are and, after all, it's my car. (She chooses to feel antagonized.)

Teenager: You and your precious car tee me off. I'll get a ride with someone else. (He chooses to be teed off.)

The above argument is a typical stalemate. But what if the participants take ownership of their feelings, which is a change in their responses? The dialogue might go something like this:

Teenager: Can I have the car tonight, Mom?

Parent: Where are you going?

Teenager: I'll gladly tell you, but I want you to know I feel you don't trust me when you ask that all the time. (By stating his feeling responsibly, he makes it impossible for her to say: "You don't have to antagonize me.")

Parent: It's not that I don't trust you. I ask because I care about you and where you go. And, by the way, it is my car.

Teenager: That's another thing. I feel you care more about what happens to the car than about me. I'm only going to the library, anyhow.

Parent: I didn't know you felt that way, but you're wrong. Of course I'd be inconvenienced if anything happened to the car, but I'd be devastated if anything happened to you.

Teenager: Mom, I appreciate your concern, but I'm a good driver.

Parent: I know you are, but I worry anyhow. I guess knowing where you are helps me worry a little less.

Teenager: I see that, I guess. Well, can I have it?

Parent: Yes, if you're going to the library. What time will you be home?

WATCH OUT! HERE GOES ROUND 2 IF YOU'RE NOT CAREFUL!

Teenager: (Decides to play it straight) It closes at 9:30, but I'd like to stop off at Frank's, so I probably won't be back before 11.

Parent: All right, but try to stick to that. I'll be frantic if it's midnight and no you.

Teenager: I understand that, Mom, and thanks. I'll try my best to get in by 11.



Key Concepts: Examination of personal values and identity.
Public affirmation of personal values.

IDENTITY CARDS

One step in the valuing process is prizing something to a point that one would publicly affirm what he/she believes.

ACTIVITY:

Give each student an index card, a pencil, and a straight pin or tape. Ask the students to write their names in the middle of the cards and then to block off areas in the four corners large enough to answer...

1. Place of birth?
2. If you could be any kind of sports equipment, what would it be?
3. Most beautiful sight you've ever seen?
4. Are you more like your mother or your father?
5. If you could be any kind of cookie, what would you be?
6. Where were you the last time you had a good cry? When was it?

NAME

- 7,8,9. Three people who have influenced you in your life.
10. If you could meet any person (living) in the whole world, who would it be?
11. One word to describe how you are feeling today?
12. What is a color that best describes who you are?

After they have filled out their cards, ask the students to mill around the room, without speaking, looking at each other's cards. After five or ten minutes have passed, have them arrange themselves in groups of three to share verbally what they have written. Reassemble in a full group and ask for "I learned..." statements of what has occurred in the exercise.

New questions for the name tag can be invented and used when pertinent to different occasions, subjects, or groups. We have provided only a few suggestions. Try to keep the questions fun, low-risk, and in some way related to personal values.

USED WITH PERMISSION: Gately, Chris & others, Ombudsman:
A Classroom Community, Charlotte Drug Education Center, Inc.:
Charlotte, North Carolina, 1975, p. 32.

Self Concept



9-12

SELF-CONCEPT

Although peer pressure is usually the major reason students begin using tobacco, this is not necessarily the reason they continue using it. Along with developing a physical dependence on the nicotine, they also develop a psychological dependence on the feeling of well-being they experience when they use it. In order to prevent this psychological dependence on tobacco, it is crucial that students develop positive self-concepts before they become involved with it. The process of developing the self-esteem of students includes activities which do the following (It Starts With People, p. 24):

1. Help students recognize and accept feelings.
2. Help individuals share aspects of themselves with others.
3. Help students accept individual differences.

Key Concept: Enhancement of self-concept through reflections on self.

ABOUT ME

The following activity will help students take a look at themselves. Emphasis should be put on honest feelings.

ACTIVITY:

Ask each student to complete the following questions. The teacher should rapidly get the answers of several different students without discussion. Discussion should follow the completion of the exercise.

- (a) When I know the answer to a teacher's question in class, I usually
- (b) Most of my classmates think I am
- (c) When someone asks me to be the leader in some group work, I
- (d) People who come into class for the first time probably think I
- (e) When I see others doing better than I am, I
- (f) From past experiences, I believe the teachers think I am
- (g) No matter what others think about me, I know I am
- (h) When I try to do a lesson and cannot, I
- (i) When I do not know what the assignment is or how to do it, I
- (j) I believe that the people I live with think that I am
- (k) The thing that worries me most is
- (l) I wish that I could change
- (m) I am most interested in
- (n) What I like best in school is
- (o) If I could do whatever I wanted, I would
- (p) Usually, when the teacher calls on me to give an answer, I feel
- (q) When I have extra time, I usually
- (r) Most of all, I would like to change
- (s) I am happiest when I am
- (t) I am pretty good at

USED WITH PERMISSION: Life Skills For Health - Focus on Mental Health; 10-12, (Division of Health, Safety, & Physical Education: North Carolina Dept. of Public Instruction, 1974) pp. 30-31.

Key Concept: Identification of personal qualities.

"---ING" NAME TAGS

The following activities offer fun, non-threatening ways for students to identify personal qualities about themselves.

ACTIVITIES:

1. Give each student a large 5" X 7" index card or piece of paper and a safety or straight pin. Ask every student to write his/her first name with crayon or marker in large letters on the card so it will be visible across the room. Then they are to write five or six words ending in "--ing" which tell something about who they are, e.g., piano-playing, reading, fun-loving, fighting, baseballing, etc. They should write these words anywhere on their cards on the same side as their names.
2. Ask the students to turn their cards over and write their names again, in big letters. This time they are to write five or six words that report specific facts or statistics about themselves. They might write their addresses, phone numbers, height, number of brothers or sisters, last names, etc.
3. When they have completed both sides, ask them to choose the side they will show the group. The students then fasten their tags to their clothes.
4. Ask everyone to get up and mill about the room in random fashion, reading each other's name tags, looking at clothes, eyes, faces, shaking hands, and asking questions if they feel like it. Ask that this be done with or without words. Of course, the teacher participates, too.
5. Variations:

Instead of "--ing" words, other stems which can be used are as follows:

- able (touchable, reasonable, breakable, lovable, improvable)
- ful (beautiful, trustful, wasteful, angerful, spiteful)
- ist (optimist, botanist, cyclist, realist, specialist)
- less (careless, penniless, merciless, hopeless, errorless)

Key Concept: Enhancement of self-concept through improvement in communication skills.

COMMUNICATION SKILLS

Many interpersonal problems are created because of poor communication skills. The chart on the following page lists five techniques that can be used to improve these skills. Activities to illustrate each of the five techniques will follow.

USED WITH PERMISSION: Life Skills For Health - Focus On Mental Health: 10-12, (Division of Health, Safety, & Physical Education: North Carolina Dept. of Public Instruction, 1974), pp. 4, 7-14.

TEACHER'S OVERVIEW OF COMMUNICATIONS

(Summary of Pages 5-18)

Experts say.....PEOPLE PROBLEMS ARE OFTEN CAUSED BY COMMUNICATION BREAKDOWNS.....What causes this communication problem? Is it that we do not know the English language? Actually, people have listening problems more than speaking problems.

Listening is an art. The listener must understand a message and show that he understands a message. Because of the importance of the listener to the communication process, the focus of the following material is on the listener.

TECHNIQUE	DEFINITION	EXAMPLES OF METHODS
BODY LANGUAGE--DOOR OPENERS	Movements of the body that illustrate an interest in the speaker and his message	1. nodding of the head 2. appropriate facial expression 3. eye contact
VERBAL DOOR OPENERS	Verbal statements that give the speaker an invitation to say more	1. "I See" 4. "Tell Me More" 2. "Oh" 5. "Tell Me About It" 3. "Really"
CLARIFYING RESPONSES	Statements that reiterate the message or Statements that show that the message needs further clarification	1. paraphrasing 2. summarizing 3. advancing specific examples 4. requesting additional information
LISTENING FOR FEELING	Identifying and verbalizing the feelings in a message	Speaker: My parents are terrible. They're setting a curfew of 10:00. Listener: Sounds like you are angry with your parents.
GIVING BEHAVIOR FEEDBACK	Giving feedback to another person about your feelings in response to the other's behavior	John hit me and hurt my arm and I feel angry. <u>NOT:</u> John is a mean brat.

BODY LANGUAGE OF THE LISTENER

Group the class into dyads. One person is the listener and one person is the speaker. The speaker talks about a teacher selected topic, e.g., "My Most Embarrassing Moment", or "What I Want To Do After High School". The listener responds non-verbally with positive body language, e.g., nodding of the head; eye contact; facial expressions; posture. As a class, discuss the effects of positive body language on the speaker. Also, ask students to identify or discover ethnic differences in body language. Do these differences ever cause communication problems?

VERBAL DOOR OPENERS

Verbal Door Openers invite the speaker to say more.
Examples of Verbal Door Openers are:

- | | |
|--------------|------------------------|
| (a) "I See" | (d) "Tell Me More" |
| (b) "Really" | (e) "Tell Me About It" |
| (c) "Oh" | |

Group the class into dyads. The speaker talks about a teacher selected topic, e.g., "What I Like About My Friends", or "What I Will Look For In A Marriage Partner". The listener practices using Verbal Door Openers. Discuss the feelings of the listener and the speaker during the exercise. Following the exercise, ask students to think of Verbal Door Closers.

CLARIFYING RESPONSES

Teacher Explanation: The purpose of the Clarifying Response is to increase accuracy in communications. Additional benefits include letting the speaker know that you are interested in what he has to say and that you really want to understand him. The Clarifying Response is a method of overcoming a built in weakness of the human nervous system--all information received by the brain is categorized and interpreted before it is accepted. Human brains do not accept raw data. Clarifying Responses enable the listener to check the accuracy of these categorizations and interpretations before he acts on them. Methods of responding for clarification include:

- (a) paraphrasing - restating the other person's expressed idea in your own words without judgment or interpretation of the content
- (b) summarizing - expressing the essence of the other person's expressed idea in a few words, especially before stating your own message
- (c) advancing tentative examples - stating a specific example of a general statement made by the other person
- (d) requesting further information - if you are unable to do any of the above, then you need to hear more about the message; so ask for it.

PARAPHRASING

Divide the class into dyads. Explain the purpose of Paraphrasing and the process. Teacher selects a topic to be discussed, e.g., "What I Want My Children To Be Like", or "How I Would Change School If I Were A Principal".

TWO RULES FOR PARAPHRASING:

- (a) Restate the other person's expressed ideas in your own words; don't mimic or parrot the exact words of the other person.
- (b) In Paraphrasing another person's statements, avoid any indication of approval or disapproval. Refrain from blaming, interpreting, giving advice, or persuading.

Ask the pairs to practice paraphrasing as follows:

- (a) "A" makes a series of statements to "B". "A" tries not to make bland statements, but tries to say something that he has some feelings about and that can have real meaning.
- (b) After each statement in the series, "B" paraphrases "A's" remarks, stating in his own words what "A's" remark meant to him. "A" indicates the accuracy of each of "B's" attempts to paraphrase. There is to be no discussion concerning agreement or disagreement with the statements. "A" simply makes the statement; "B" paraphrases it back, and "A" indicates the accuracy.

(c) Reverse the procedure. "B" makes three statements to "A"; after each one, "A" paraphrases it back.

(d) Answer the following questions and discuss:

How did it feel to make a statement and have your partner paraphrase it? Did it make you feel like he was really listening?

How did it feel to paraphrase a statement made by your partner? Did you find yourself thinking about what was being said to you?

OTHER CLARIFYING RESPONSES

Repeat the previous exercise with different dyads. Ask the listener to practice other clarifying responses, e.g., summarizing, giving examples, requesting additional information. Typical phrases used in beginning a Clarifying Response include:

"Are you saying...(restate in other words)?"

"Does that include...(cite a point)?"

"Would this be an example...(then, state one)?"

"I hear you say...(then, summarize)."

Sample Conversation:

Speaker: "I don't like Miss Jones."

Listener: "Are you saying you don't care for her teaching techniques?"

Speaker: "Yes, I am. She is so boring I want to fall asleep."

Listener: "Can you give me an example of what she does that causes you to feel sleepy?"

Speaker: "Yes, everyday she asks us to read a chapter and answer the questions:

LISTENING FOR FEELING

Teacher Explanation: The emphasis of previous exercises has been on the content of messages, i.e., understanding what the speaker is saying. "Listening For Feeling" includes understanding what the speaker is saying, but it is also a process in which the listener identifies, accepts, and verbalizes the feelings that the speaker is experiencing.

"Listening For Feeling" is important because feelings are often at the heart of inter- and intra-personal problems. "Listening For Feeling" brings feelings out in the open. Without an active effort to bring feelings out in the open, they often remain hidden. The reasons for this include:

- (a) Many people are ashamed of their own feelings or believe that it is not proper to express emotions.
- (b) Many people believe that their feelings will not be accepted by the listener.
- (c) Many people are not aware of their own feelings or are unable to define the source of their general discomfort.

"Listening For Feeling" is a powerful tool and should be used only when the listener is genuinely interested in the speaker; when the listener genuinely accepts the speaker; and when the listener genuinely desires to participate in the resolution of a problem.

Sample Conversations:

Speaker: "Tom promised to pick me up for the show last night. I waited and waited, and the stupid guy didn't come."

Listener: "It sounds like you are upset with Tom."

Speaker: "My parents promised to give me the car yesterday to go shopping with Betty and Marie. At the last minute my Mom said she had more important errands. They can't ever keep their promises."

Listener: "Sounds like you are angry with your mother."

Exercise:

Ask the students to practice "Listening For Feeling." Divide the class into dyads. One student is the speaker. He discusses a topic that he has a personal concern about, e.g., problems with the opposite sex, or parent problems. The second person paraphrases the speaker's message at the "feeling" level. Next, the speaker and the listener change roles. Allow approximately ten minutes for each "speaker" and give a time warning when only two minutes are remaining. Group the students in different pairs as often as time allows. At the completion of the exercise, give students an opportunity to describe the difficulties or pleasures they encountered. Encourage students to complete any unfinished conversations outside of class. The teacher and the students should practice "Listening For Feeling" whenever the opportunity arises in future classes.

GIVING BEHAVIOR FEEDBACK

Teacher Explanation: An important part of communication is letting another person know the results of his behavior. Previous exercises have focused on listening: this one deals with the sending of productive messages.

None of us can ever know, by observation alone, all of the effects, on other people, of what we say and do. Unfortunately, those effects are not always positive. We often hurt people or cause them problems without being really aware of it. Therefore, it is incumbent upon each of us to inform others of the problems they are causing us (give them feedback) if we expect them to change their behavior.

Conversely, it is also very important to let someone know how he is being helpful. Simple "thank you's" are often sufficient, but precise statements will be more meaningful to the helper and will be more likely to result in continued helpful behavior.

The following exercises illustrate a method of giving feedback that is precise, non-threatening, and non-judgmental of the personality or motives of the other person. The method is described in separate steps: A. Describing Behavior Accurately and B. Describing Effects of Observed Behavior.

EXERCISE: PRACTICING GIVING FEEDBACK

Discuss the following situations. How could the behavior be described more precisely? How could the speaker tell the listener the effects of the behavior? Ask students to create or report other examples.

- (a) A girl asks her boyfriend, "Why can't you ever be any place on time?" What might the girl have said that would have described her feelings openly?
- (b) You notice that a person in the group who was talking a lot has suddenly becomes silent. What might the person have said that would have described his feelings openly?
- (c) During a group meeting, you hear John tell Bill, "Bill, you're talking too much." What might John have said that would have described his feelings openly?
- (d) Sally abruptly changed the subject after Ann made a comment. What might Sally have said that would have described her feelings openly?
- (e) A boy told his girlfriend, "You shouldn't have bought me such an expensive gift." What might the boy have said that would have described his feelings openly?
- (f) You hear a passenger say to a taxi-cab driver, "Do we have to drive this fast?" What might the passenger have said that would have described his feelings openly?

*Tobacco Education
in the
Total Curriculum*

INTRODUCTION

One approach in teaching tobacco education is by implementing it into the total curriculum. Listed below are the page numbers of activities which could be used in specific subject areas.

ART:

Pages 23, 26, 29, 43, 56, 67, 85, 100, 102, 139,
140, 144, 153

HISTORY/GOVERNMENT:

Pages 102, 144

LANGUAGE ARTS/ENGLISH:

Pages 5, 6, 8, 9, 14, 16, 18, 19, 24, 29, 30, 32,
34, 35, 37, 39, 41, 45, 49, 51, 53, 56, 57, 63,
65, 73, 77, 79, 87, 91, 92, 94, 97, 100, 102, 104,
108, 110, 111, 114, 117, 118, 119, 125, 128, 133,
137, 141, 144, 148, 151, 152, 163, 164, 169, 170,
171

MATH:

Pages 29, 48, 117, 118, 128

PHYSICAL EDUCATION/HEALTH:

Pages 5, 7, 9, 11, 12, 14, 19, 24, 29, 30, 32,
34, 37, 39, 41, 43, 44, 45, 48, 51, 53, 63, 65,
69, 73, 77, 79, 83, 85, 87, 91, 92, 97, 102,
104, 106, 108, 110, 117, 118, 120, 125, 128, 144,
148, 151, 152, 153, 163

SCIENCE:

Pages 5, 6, 7, 9, 11, 12, 14, 29, 30, 32, 34, 39,
41, 43, 44, 45, 48, 51, 53, 63, 65, 69, 73, 77,
79, 83, 84, 85, 87, 91, 92, 108, 110, 117, 118,
120, 125, 128, 144, 148, 151, 152, 153, 163

Alternatives

ALTERNATIVES

People use tobacco products for various reasons such as conformity to peer pressure in a social setting, nervousness, relief of stress, or out of habit. An alternatives-approach to tobacco use should focus on activities which could take the place of experiences which tobacco provides.

ALTERNATIVES TO SMOKING

GUM CHEWING: helps take away bad breath and provides stimulation to the mouth area

PHYSICAL EXERCISE: relieves stress and provides a feeling of well-being

THUMB WRESTLING: a social activity that could take the place of a cigarette by using the hands in another way

HANDCRAFTS: (embroidery, knitting, macrame, pottery, etc.) which fullfills the need to be doing something with one's hands

MEDITATION/YOGA: relieves stress

Parent Information

PARENT INFORMATION

Parental modeling is the greatest single factor which influences young children's views about tobacco use. Parents who smoke are much more likely to have children who begin to smoke than parents who do not smoke. The following pages could be copied and distributed to the parents as a means of educating them about tobacco and ways to quit smoking.

Behavioral Aspects of Smoking

Smoking is a complex behavior which has biological, psychological, and social components. Thus, attempts to quit often fail. More than 60% of current smokers report at least one serious attempt to quit!

BIOLOGICAL FACTORS:

Nicotine is a great dependence producing agent.

- * The frequency of reinforcement (in number of puffs) is unmatched by any other form of drug use.
- * Reinforcement is almost immediate. It takes eight seconds for nicotine to reach the brain.

Most of the chronic negative consequences of smoking (death, disease, disability) are delayed.

Quitting produces negative effects immediately, including restlessness, irritability, anxiety, etc. It takes several days for the nicotine to leave the system and several weeks for any improvement in cough, sputum, and shortness of breath.

PSYCHOLOGICAL FACTORS:

- * Many environmental cues will trigger smoking. Smoking may be reinforced by the pleasure of the events it is associated with such as finishing a good meal, drinking alcohol, having a cup of coffee, perceived diminution of unpleasant states of anxiety, tension or boredom.
- * Sheer repetition is another significant factor in maintaining the smoking habit. A pack-a-day smoker puffs 200 times per day!

SOCIAL FACTORS:

- * Peer pressure (The best predictor of smoking in adolescents is having a best friend or group of friends who smoke.)
- * Family influence (Having parents and/or older siblings who smoke increases the likelihood that a child will begin.)
(continued)

- * Advertising. (Creates an image of smoking that is glamorous, sexy, and beautiful, and is associated with wealth, success, and popularity.)
- * The influence of the media and of other smokers in one's environment. (Serves to encourage the smoker to continue by creating a positive image of smokers and smoking.)

USED WITH PERMISSION: American Lung Association, Handbook For Health Care Providers: Smoking & Pregnancy, (1740 Broadway, New York, NY, September, 1982), p. 8.

Explaining the *Freedom From Smoking* Program

The American Lung Association has developed a self-help approach to smoking cessation because most smokers who quit do so on their own. Data indicate that 90% of those who want to stop smoking prefer to use a self-help method.

The Freedom From Smoking program consists of two manuals with a workbook format. The first, "Freedom From Smoking in 20 Days", is a systematic day-by-day approach leading to complete cessation on the 16th day, plus four follow-up days to cope with the initial difficulties of quitting. The second manual, "A Lifetime of Freedom From Smoking", helps the ex-smoker maintain the nonsmoking habit for life. This maintenance component of the Freedom From Smoking program is the unique feature that sets it apart from other smoking cessation programs.

Following are a few highlights for the participant of the Freedom From Smoking program:

- * Determine personal reasons for smoking and keep a record of the time/place/mood in which each cigarette is smoked.
- * Discover what triggers the smoking response (e.g., having a drink, watching TV, attending social functions, finishing a good meal).
- * Set and commit oneself to a definite Quit Date. (The health care provider should record the Quit Date on the Patient Flowchart.)
- * Identify coping techniques to replace the cigarette.
- * Visualize oneself as a nonsmoker.
- * Reward oneself for meeting the goals and subgoals of the program.
- * Prepare oneself for withdrawal symptoms.
- * Begin an exercise program, deep-breathing exercises, and other stress-reducing techniques.
- * Use the buddy system for support.
- * Pregnancy can be a stressful time. The health care provider should emphasize the stress-reducing exercises in the Freedom From Smoking program.

USED WITH PERMISSION: American Lung Association, Handbook For Health Care Providers: Smoking & Pregnancy, (1740 Broadway, New York, NY, September, 1982), p. 8.

SIX PERSISTENT MYTHS ABOUT TOBACCO USE

According to Webster's New Collegiate Dictionary (1980), a myth is an "ill-founded belief held uncritically, especially by an interested group." Numerous commonly accepted myths concerning the use of tobacco products need to be dispelled. These half-truths encourage the use of tobacco and make quitting more difficult by obscuring the real risks of using tobacco. These myths have never been dispelled. They only change in form and keep resurfacing as variants of the original theme. Sometimes they reappear in camouflage and are difficult to detect.

Myth #1: TOBACCO DOESN'T REALLY HURT YOU THAT MUCH

Behind this myth is the implication that for most people, it is basically "safe" to use tobacco products, especially in moderation. However, medical evidence indicates otherwise. This myth persists because of the low-key, sophisticated approaches of advertising used by the tobacco industry.

Myth #2: IT IS IMPOSSIBLE TO QUIT SMOKING

Surveys indicate that 90% of the smokers have tried to quit or would probably quit smoking if they could find an effective way to do so. Many people don't even try because they believe they won't succeed. Others have tried and not succeeded the first time so have given up trying.

There are many community services available to help people who want to give up the habit such as the American Cancer Society, the American Lung Association, The American Heart Association, and the Seventh Day Adventists. In recent years, over 30 million Americans have successfully quit smoking.

Myth #3: WHEN YOU COME RIGHT DOWN TO IT, SMOKING REALLY ISN'T VERY ENJOYABLE.

One who has never smoked cannot understand the satisfaction derived from smoking. Smoking is a psychological habit which smokers use to manage their emotions and cope with life. It's a habit used both in work and play. Those who quit smoking have psychological withdrawal symptoms which may last from weeks to years. In summary, tobacco use is both meaningful and enjoyable to the user.

Myth #4: THERE IS ONE "RIGHT WAY" TO QUIT SMOKING

There are many ways to help people stop smoking. Not any one way will work for all people. One approach which has worked for many is to go "cold turkey" after the smoking level has been reduced to 10-20 cigarettes a day for the entire week preceding the quitting date. Another successful approach has been quit-smoking groups. This approach works well for people who are highly influenced by group pressure.

Myth #5: IF YOU DON'T STOP SMOKING COMPLETELY, YOU ARE A FAILURE

Smokers often feel that quitting is an all-or-nothing proposition. What they often overlook is that the health hazards are reduced simply by cutting down.

Myth #6: IF YOU "BUG" OR SCARE PEOPLE ENOUGH, THEY WILL QUIT SMOKING

All of us have our own needs, motives and self-established goals and values, and we rarely want to be manipulated or controlled by others using external pressure. When people are not doing the things they want to do, eventually they will rebel. Failure to show sensitivity to the feelings of others or an obvious interference with their lives can destroy the foundation of mutual trust and cooperation.

USED WITH PERMISSION: Paraphrased from Christen, Arden G., "Six Persistent Myths About Tobacco Use," Health Education, July/August, 1982, pp. 35-37.

Films

INTRODUCTION

The following films on smoking are available at no charge to the schools. It is highly recommended that these films be scheduled early in the year as they are in high demand. The films are available from the following places.

1. Gallatin County Health Department
Room 103
Courthouse
Bozeman, MT 59715
(406) 587-4297
2. Audio-visual Department
Bozeman Public Schools
Bozeman, MT 59715
(406) 586-8211
3. American Lung Association of Montana
Christmas Seal Building
825 Helena Ave.
Helena, MT 59601
(406) 442-6556
4. Film Library
Planning & Evaluation Unit
Cogswell Building
State Department of Health & Environmental Sciences
Helena, MT 59601
(406) 449-3444

RECOMMENDED FILMS ON SMOKING

Lower Elementary:

CHARLIE BROWN CLEARS THE AIR

Popular 9 minute animation featuring Peanuts, involves students in recognizing and understanding the vast problems of air pollution and ways to take action at home towards a cleaner environment.

Available From: American Lung Association

OCTOPUFF

Excellent 9 minute animated film about an Octopus named Octopuff who brings smoking into a town. The kids of the town didn't like it so they looked for a way to get rid of Octopuff.

Available From: American Lung Association

Upper Elementary:

KIDS ON SMOKING

A 15 minute film which follows the sometimes humorous experiments of four elementary school girls trying to decide whether or not to smoke. Raises various decision-making approaches about smoking that youth should consider.

Available From: American Lung Association
Health & Environmental Sciences

Junior High/High School:

THE FEMININE MISTAKE

Excellent 30 minute film which covers medical facts of the effects of smoking on the body and on a fetus.

Available From: Bozeman Public Schools
American Lung Association

NOTE: All films should be requested for use early in the year as all of them are in high demand.

COMMUNITY RESOURCES

Dennis Silbernagle
Head of Respiratory Therapy Dept.
Deaconess Hospital
Bozeman, MT
(406) 586-8511
(Junior High or High School Level)

BIBLIOGRAPHY

- Beier, Barbara, "Enhancing Positive Self-concept Through Creativity in the Classroom", Health Education, Vol. 12, #12, #2, Mar/April, 1981.
- Borba, Michele & Craig, Self-Esteem: A Classroom Affair, Vol. 2, Winston Press, Inc.: Minneapolis, MN, 1982.
- Brooks, John, Ed., Introducing Tobacco Education in the Elementary School K-4, American School Health Association: Kent, Ohio, 1978.
- Chase, Larry, The Other Side of the Report Card, Scott, Foresman and Co.: Glenview, Ill., 1975.
- Christen, Arden., "Six Persistent Myths About Tobacco Use", Health Education, July/Aug., 1982.
- Cooper, JoAnn & others, Decision-Making, TACT: Doylestown, PA, 1979.
- Cooper, JoAnn & others, Peer Relationships, TACT: Doylestown, PA, 1980.
- Duryea, P. Elias & others, "Cognitive Perceptions of Importance in Student's Decisions About Smoking", Health Education, Sept/Oct, 1981.
- Eckert, Penelope, "Beyond the Statistics of Adolescent Smoking", American Journal of Public Health, Vol. 73, #4, April, 1983.
- "Facts in Brief About Lung Disease". American Lung Association: New York, NY, April, 1983.
- Film Guide: Charlie Brown Clears the Air, American Lung Association: New York, NY, 1979.
- Gately, Chris & others, Ombudsman: A Classroom Community, Charlotte Drug Education Center, Inc.: Charlotte, NC, 1975.
- Glover, Elbert D. & others, "Just a Pinch Between The Check & Gum", Journal of School Health, August, 1981.
- Handbook for Health Care Providers: Smoking & Pregnancy, American Lung Association: New York, NY, 1982.
- Health Education: Grades 7-12, Division of Sciences & Elementary Administration, Dept. of Education: Richmond, VA, n.d.
- "Helping Teenagers Become Nonsmokers", Division of Health Education Center for Health Promotion & Education, U.S. Public Health Service, Sept., 1981.

It Starts With People: Experiences in Drug Abuse Prevention,
Porter, Novelli & Assoc., Inc.: Washington, D.C., 1978.

Life Skills For Health - Focus on Mental Health: 4-6,
Division of Health, Safety, & P.E., North Carolina Dept.
of Public Instruction: Raleigh, NC, 1974.

Life Skills For Health - Focus on Mental Health: 10-12,
Division of Health, Safety & P.E., North Carolina Dept.
of Public Instruction: Raleigh, NC, 1974.

Lungs Are For Life: Lung Health Module - Grade 3, American
Lung Association: New York, NY, 1980.

McElmurry, Mary Anne, Feelings, Good Apple, Inc.: Carthage,
IL, 1981.

McElmurry, Mary Anne, Caring, Good Apple, Inc.: Carthage,
IL, 1981.

ME: The New Model, Lakewood City Public School System: Lakewood,
Ohio, 1973.

National Institute on Drug Abuse, Alternative Pursuits For
American 3rd Century, Rockville, MD, 1974.

Osness, Donna & others, Sunflower Project: Respiratory Unit,
Shawnee Mission Instructional Program Center: Shawnee
Mission, KS, n.d.

Putting Your Heart Into The Curriculum, Montana Division of
the American Heart Association, Great Falls, MT, 1982.

Ratain, Giselle Herman & others, Smoking Deserves A Smart
Answer: Adolescent Smoking Prevention Resource Guide,
American Lung Association, New York, NY, 1983.

"Second-Hand Smoke", American Lung Association: New York,
NY, June, 1983.

Shaman, Diana, "It Might Have Been A Beautiful Baby", American
Lung Association: New York, NY, 1982.

Shute, Robert E. & others, "Smoking Awareness and Practices of
Urban Pre-School & First Grade Children", Journal of School
Health, Vol. 51, #5, May, 1981.

Simon, Sidney P. & others, Values Clarification: A Handbook
of Practical Strategies for Teachers & Students, Hart
Publishing Co., Inc.: New York, NY, 1978.

Smith, Arden & others, Giving Kids A Piece of the Action,
TACT: Doylestown, PA, 1977.

Stanish, Bob, Connecting Rainbows, Good Apple, Inc.: Carthage,
IL, 1982.

Taking Risks: Activities & Materials For Teaching Alcohol, Other
Drugs, & Traffic Safety, Book I, Elementary Edition, California
State Dept. of Education: Sacramento, CA, 1979.

Taking Risks: Activities & Materials For Teaching Alcohol, Other
Drugs, & Traffic Safety, Book II, Secondary Edition, California
State Dept. of Education: Sacramento, CA, 1979.